

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-257215

3-2-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
VNA OF CARE NEW ENGLAND

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
51 Health Lane, Warwick, RI 02886

**3a. Employer Representative - Name and Title**  
Jennifer Lee

**3b. Address (if same as 2b - state same)**  
SAME

**3c. Tel. No.**  
401-737-7050

**3d. Cell No.**

**3e. Fax No.**  
401-732-6201

**3f. E-Mail Address**  
jlee@vnacarenewengland.org

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Home Health

**4b. Principal product or service**  
Health Care

**5a. City and State where unit is located:**  
Multiple locations in Rhode Island

**5b. Description of Unit Involved**  
Included: All full-time, regularly scheduled part-time and per diem technical employees, including Physical Therapy Assistants and Certified Occupational Therapy Assistants.  
Excluded: All other employees including Registered Nurses, home health aides, Professionals and all supervisors and managerial employees as defined by the Act.

**5c. No. of Employees in Unit:**  
16

**5d. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐**

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 2/28/20 and Employer declined recognition on or about 2/28/20 (Date) (if no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state).**  
NONE

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in Items 6 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (if none, so state)**

**10a. Name**  
None

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
Thursday, March 12th, 2020

**11c. Election Time(s):**  
6:00 am - 8:00 am and 4:30 pm - 5:45 pm

**11d. Election Location(s):**  
WARWICK OFFICE - 51 Health Lane, Warwick, RI 02886

**12a. Full Name of Petitioner (including local name and number)**  
NEW ENGLAND HEALTHCARE EMPLOYEES UNION DISTRICT 1199

**12b. Address (street and number, city, state, and ZIP code)**  
319 Broadway, Providence, RI 02909

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Service Employees International Union

**12d. Tel. No.**  
(860)251-6036

**12e. Cell No.**  
973-985-4313

**12f. Fax No.**  
401-457-5099

**12g. E-Mail Address**  
earacena@seu1199ne.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Edgar Aracena, Vice President

**13b. Address (street and number, city, state, and ZIP code)**  
77 Huyshops, Ave., 111 Fl., Hartford, CT 06106

**13c. Tel. No.**  
(860)251-6053

**13d. Cell No.**  
(973) 985-4313

**13e. Fax No.**  
401-457-5099

**13f. E-Mail Address**  
earacena@seu1199ne.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Edgar Aracena

**Signature**

**Title**  
Vice President

**Date**  
2/28/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

01-RC-257259

3-2-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

VNA OF CARE NEW ENGLAND

**2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)**

51 Health Lane, Warwick, RI 02886

**3a. Employer Representative - Name and Title**

Jennifer Lee

**3b. Address (if same as 2b - state same)**

SAME

**3c. Tel. No.**

401-737-7050

**3d. Cell No.**

**3e. Fax No.**

401-732-6201

**3f. E-Mail Address**

jlee@vnacarenewengland.org

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Home Health

**4b. Principal product or service**

Health Care

**5a. City and State where unit is located:**

Multiple locations in Rhode Island

**6b. Description of Unit Involved**

**Included:** All full-time, regularly scheduled part time and per diem professional employees, including Physical Therapists, Occupational Therapists, Speech Language Pathologists/Speech Therapists, Social Workers and Registered Dietitians.

**Excluded:** All other employees including Registered Nurses, home health aides, all supervisors and managerial employees as defined by the Act.

**6a. No. of Employees in Unit:**

38

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:**



7a. Request for recognition as Bargaining Representative was made on (Date) 2/28/20 and Employer declined recognition on or about 2/28/20 (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state).**

NONE

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** NO If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

None

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**

Thursday, March 12th, 2020

**11c. Election Time(s):**

8:00 am - 8:00 am and 4:30 pm - 5:45 pm

**11d. Election Location(s):**

WARWICK OFFICE - 51 Health Lane, Warwick, RI 02886

**12a. Full Name of Petitioner (including local name and number)**

NEW ENGLAND HEALTHCARE EMPLOYEES UNION DISTRICT 1199

**12b. Address (street and number, city, state, and ZIP code)**

319 Broadway, Providence, RI 02909

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

Service Employees International Union

**12d. Tel No.**

(860)251-6036

**12e. Cell No.**

873-885-4313

**12f. Fax No.**

401-457-5099

**12g. E-Mail Address**

earacena@seiu1199ne.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

Edgar Aracena, Vice President

**13b. Address (street and number, city, state, and ZIP code)**

77 Haysops Ave., 1st Fl., Hartford, CT 06106

**13c. Tel No.**

(860)251-8053

**13d. Cell No.**

(973) 985-4313

**13e. Fax No.**

401-457-5099

**13f. E-Mail Address**

earacena@seiu1199ne.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**

Edgar Aracena

**Signature**

**Title**

Vice President

**Date**

2/28/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
01-RC-257349Date Filed  
March 3, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Element South Windsor**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
80 Kimberly Drive, South Windsor, CT 06074**3a. Employer Representative - Name and Title:**  
Joyce Ryan, Human Resources Manager**3b. Address (if same as 2b - state same):**  
Same**3c. Tel. No.**  
1-888-786-7555**3d. Cell No.**  
1-860-266-8538**3e. Fax No.**  
Unknown**3f. E-Mail Address**  
joyce.ryan@element.com**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Testing Facility**4b. Principal Product or Service**  
Non-destructive testing**5a. City and State where unit is located:**  
South Windsor, Connecticut**5b. Description of Unit Involved:**

Included:

Processor Levels I, II and III, Expeditors, Secretaries/admin asst., Inspectors, Quality

Excluded:

All others

**6a. Number of Employees in Unit**  
74**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ on or about (Date) \_\_\_\_\_ (If no reply received, so state).

and Employer declined recognition

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**

None

**8b. Address:****8c. Tel. No.****8d. Cell No.****8e. Fax No.****8f. E-Mail Address****8g. Affiliation, if any:****8h. Date of Recognition or Certification****8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

**10a. Name****10b. Address****10c. Tel. No.****10d. Cell No.****10e. Fax No.****10f. E-Mail Address****11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:**11a. Election Type:**☒ Manual ☐ Mail ☐ Mixed Manual/Mail**11b. Election Date(s):**  
March 24, 2020**11c. Election Time(s):**  
5:30 AM-8:30 AM and 2:00 PM-5:00 PM**11d. Election Location(s):**  
Conference room**12a. Full Name of Petitioner (including local name and number):**  
International Association of Machinists and Aerospace Workers, District Lodge 26, AFL-CIO**12b. Address (street and number, city, State and ZIP code):**  
300 Saybrook Road, Higganum, CT 06441**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Association of Machinists and Aerospace Workers, AFL-CIO**12d. Tel. No.**  
860-752-9480**12e. Cell No.**  
860-752-9480**12f. Fax No.**  
860-554-5279**12g. E-Mail Address**  
(b) (6), (b) (7)(C)**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.****13a. Name and Title:**  
Nicholas A. Scotto, Special Representative**13b. Address (street and number, city, State and ZIP code):**  
26 Court St, Ste 1710, Brooklyn, NY 11242**13c. Tel. No.**  
(929) 226-1724**13d. Cell No.**  
(631) 219-4116**13e. Fax No.**  
(646) 902-5720**13f. E-Mail Address**  
nscotto@iamaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Nicholas A. Scotto**Signature****Title**  
Special Representative**Date**  
3/3/2020WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

01-RC-257363

Date Filed

3-3-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

First Transit

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

100 Exeter Rd.  
RI Exeter 02822-

**3a. Employer Representative - Name and Title**

Travis Mills

**3b. Address (If same as 2b - state same)**

1 Peter Pan Way  
RI Providence 02904-

**3c. Tel. No.**

(401) 521-0780

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

travis.mills@firstgroup.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Transportation

**4b. Principal product or service**

Passenger Transportation

**5a. City and State where unit is located:**

Providence, RI

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**

14

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:**



7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
March 23, 2020

**11c. Election Time(s):**  
12:00 noon to 3:00 p.m.

**11d. Election Location(s):**  
A Bus

**12a. Full Name of Petitioner (including local name and number)**

Thomas G. Cate Jr.  
Amalgamated Transit Union Division 618

**12b. Address (street and number, city, state, and ZIP code)**

172 Longfellow Street  
RI Providence 02907-2621

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

Amalgamated Transit Union

**12d. Tel. No.**

(401) 785-4020

**12e. Cell No.**

(401) 575-8238

**12f. Fax No.**

**12g. E-Mail Address**  
tcate@transitunion618.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

Daniel B. Smith Assistant General Counsel  
AMALGAMATED TRANSIT UNION

**13b. Address (street and number, city, state, and ZIP code)**

10000 New Hampshire Ave  
MD Silver Spring 20903-1790

**13c. Tel. No.**

(301) 431-7100

**13d. Cell No.**

(202) 714-4219

**13e. Fax No.**

**13f. E-Mail Address**  
dsmith@atu.org

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Daniel B. Smith

**Signature**

Daniel B. Smith

**Title**

Assistant General Counsel

**Date**

03/2/2020 09:36:19

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

All full-time and regular part-time drivers and supervisors employed by the Employer at its lot currently located in Exeter, Rhode Island

**Employees Excluded**

All professional employees, managers, and guards and supervisors as defined in the Act.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

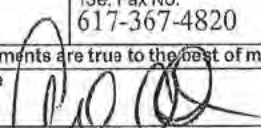
1-RC-257458

Date Filed

March 5, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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<b>2a. Name of Employer:</b> NETA Brookline		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 160 Washington Street, Brookline, MA 02445	
<b>3a. Employer Representative - Name and Title:</b> Eric Holler		<b>3b. Address (if same as 2b - state same):</b> SAME	
<b>3c. Tel. No.</b> 617-841-7250	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> holler@netacare.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Marijuana Dispensary		<b>4b. Principal Product or Service</b> Medical & Recreational	
<b>5a. City and State where unit is located:</b> Brookline, MA		<b>5b. Description of Unit Involved:</b> Included: See Attached Excluded: See Attached	
<b>6a. Number of Employees in Unit:</b> 146		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11a. Election Type:</b>			
<b>11b. Election Date(s):</b> March 27, 2020		<b>11c. Election Time(s):</b> 10AM to 2PM then 4PM to 6PM	
<b>11d. Election Location(s):</b>			
<b>12a. Full Name of Petitioner (including local name and number):</b> United Food & Commercial Workers, Local 1445		<b>12b. Address (street and number, city, State and ZIP code):</b> 30 Stergis Way Dedham, MA 02026	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Food & Commercial Workers International Union, AFL-CIO, CLC			
<b>12d. Tel. No.</b> 781-461-6775	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 781-461-0677	<b>12g. E-Mail Address</b> info@ufcwlocal1445.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Alfred Gordon O'Connell, counsel		<b>13b. Address (street and number, city, State and ZIP code):</b> Pyle Rome Ehrenberg PC, 2 Liberty Square, 10th Floor, Boston, MA 02109	
<b>13c. Tel. No.</b> 617-367-7200	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 617-367-4820	<b>13f. E-Mail Address</b> agordon@pylerome.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Alfred Gordon O'Connell		<b>Signature</b> 	<b>Title</b> counsel
<b>Date</b> 3/5/2020			

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 20 U.S.C. § 161 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

EXHIBIT A to RC PETITION  
UFCW 1445 AND NETA BROOKLINE  
BOX 5(B) – UNIT DESCRIPTION

Included: All Full-time and regular part-time employees working at the NETA Brookline in Brookline, Massachusetts

Excluded: All Casual employees, confidential employees, supervisors, managers, and guards

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**01-RC-257461**

Date Filed  
**March 5, 2020**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
Komatsu America Corp (f/k/a F&M Equipment)

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
283 Pane Road, Newington, CT 06111

**3a. Employer Representative - Name and Title**  
Angela Debro, Regional Human Resource Manager

**3b. Address (If same as 2b - state same)**  
2240 Bethlehem Pike, Hatfield Pennsylvania, 19440

**3c. Tel. No.**  
267-956-1963

**3d. Cell No.**  
215-852-6134

**3e. Fax No.**

**3f. E-Mail Address**  
adebro@komatsuna.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Equipment Dealership

**4b. Principal product or service**  
Equipment Sales

**5a. City and State where unit is located:**  
Newington, CT

**5b. Description of Unit Involved**

**Included:** All parts counter and parts warehouse employees

**Excluded:** All office clerical employees, professional employees, guards, and supervisors defined under the Act.

**6a. No. of Employees in Unit:**  
4

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 3/5/2020 and Employer declined recognition on or about 3/5/2020 (Date) (If no reply received, so state).

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**  
None

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** n/a If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
March 19, 2020

**11c. Election Time(s):**  
7:00am-9:00am

**11d. Election Location(s):**  
Lunchroom

**12a. Full Name of Petitioner (including local name and number)**  
Operating Engineers Local 478

**12b. Address (street and number, city, state, and ZIP code)**  
1965 Dixwell Avenue, Hamden, CT 06514

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union of Operating Engineers

**12d. Tel No.**  
203-288-9261

**12e. Cell No.**  
860-227-6200

**12f. Fax No.**  
203-230-4429

**12g. E-Mail Address**  
michael.gates@local478.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** John T. Fussell

**13b. Address (street and number, city, state, and ZIP code)**  
333 East River Drive, Suite 101, East Hartford, CT 06108

**13c. Tel No.**  
860-290-9610

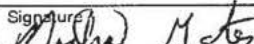
**13d. Cell No.**  
860-305-4497

**13e. Fax No.**  
860-290-9611

**13f. E-Mail Address**  
jfussell@cheverielaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Michael Gates

**Signature** 

**Title**  
Business Agent/Organizer

**Date**  
3/5/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings. The privacy uses of the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

HYBILORO CORRECTIONAL  
INSTITUTION  
RECEIVED  
MAR 10 2020



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION


DO NOT WRITE IN THIS SPACE

Case No.  
01-RC-257565

Date Filed  
3/6/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Bob's Discount Furniture		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 428 Tolland Turnpike, Manchester, CT 06042	
3a. Employer Representative - Name and Title: Ed Soulier Vice President		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 860-645-3208	3d. Cell No.	3e. Fax No.	3f. E-Mail Address ed.soulier@mybobs.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Retail Facility		4b. Principal Product or Service: Furniture	5a. City and State where unit is located: Manchester, CT
5b. Description of Unit Involved: Included: All regular full and part time warehouse workers employed at the Manchester facility. Excluded: All guards, professional employees and supervisors as defined in the Act.			6a. Number of Employees in Unit: 13  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 03/05/20 (If no reply received, so state) and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) n/a		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> if so, approximately how many employees are participating? (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or Individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 03/27/20	11c. Election Time(s): 2:00pm-3:00pm	11d. Election Location(s): Conference Room #2	
12a. Full Name of Petitioner (including local name and number): U.F.C.W. Local 919		12b. Address (street and number, city, State and ZIP code): 6 Hyde Road, Farmington, CT 06032	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Food & Commercial Workers			
12d. Tel. No. 860-677-9333	12e. Cell No.	12f. Fax No. 860-677-9650	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: J. William Gagne, Jr. Attorney		13b. Address (street and number, city, State and ZIP code): 1 Congress Street, 3rd Floor, Hartford, CT 06114	
13c. Tel. No. 860-522-5049	13d. Cell No.	13e. Fax No. 860-561-6204	13f. E-Mail Address jwgagne@snet.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) J. William Gagne, Jr.	Signature 	Title Attorney	Date 03/06/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>01-RC-257633</b>	Date Filed <b>March 9, 2020</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Sodexo</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>35 Corporate Drive, Trumbull, CT 06611</b>	
3a. Employer Representative - Name and Title <b>Tom Russo, Director of Operations</b>		3b. Address (If same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>203-459-2458</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>thomas.russo@sedexo.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Facility Management</b>		4b. Principal product or service <b>Maintenance of service plaza</b>	
5a. City and State where unit is located: <b>Trumbull, CT</b>		5b. Description of Unit Involved <b>Included: All maintenance employees.</b> <b>Excluded: All office clerical employees, professional employees, guards and supervisors as defined under the Act.</b>	
6a. No. of Employees in Unit: <b>5</b>		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>3/9/2020</b> and Employer declined recognition on or about <b>3/9/2020</b> (Date) (If no reply received, so state).	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
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8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): <b>March 30, 2020</b>	11c. Election Time(s): <b>8:00am - 12:00pm</b>	11d. Election Location(s): <b>35 Corporate Drive, Trumbull, CT</b>
---	---	---

12a. Full Name of Petitioner (including local name and number) <b>Teamsters Local 191</b>	12b. Address (street and number, city, state, and ZIP code) <b>1139 Fairfield Avenue, Bridgeport, CT, 06605</b>
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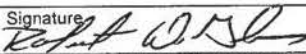
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Brotherhood of Teamsters**

12d. Tel No. <b>203-368-0231</b>	12e. Cell No. <b>203-449-1196</b>	12f. Fax No. <b>203-333-9112</b>	12g. E-Mail Address <b>office@teamsterslocal191.com</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>John Fussell, Attorney</b>		13b. Address (street and number, city, state, and ZIP code) <b>333 East River Drive, Suite 101, East Hartford, CT 06108</b>	
13c. Tel No. <b>860-290-9610</b>	13d. Cell No. <b>860-305-4497</b>	13e. Fax No. <b>860-290-9611</b>	13f. E-Mail Address <b>jfussell@cheverielaw.com</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Robert DiGirolamo</b>	Signature 	Title <b>Business Agent</b>	Date <b>3/9/2020</b>
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

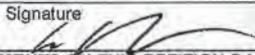
DO NOT WRITE IN THIS SPACE

Case No. 01-RC-257843

Date Filed 3-11-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer NSMC Healthcare, Inc. - Salem Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 81 Highland Avenue, Salem, MA 01970	
3a. Employer Representative - Name and Title David J. Roberts, M.D., President		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. 978.741.1200	3d. Cell No.	3e. Fax No.	3f. E-Mail Address droberts1@partners.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Acute Care Hospital	4b. Principal product or service Hospital Services		5a. City and State where unit is located: Salem, Massachusetts
5b. Description of Unit Involved Included: See attached Excluded: See attached			6a. No. of Employees in Unit: 1100 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 3/10/2020 and Employer declined recognition on or about 3/10/2020 (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 25, 2020	11c. Election Time(s): 5am - 8am and 1pm - 4pm	11d. Election Location(s): Davenport 102A & B	
12a. Full Name of Petitioner (including local name and number) 1199SEIU United Healthcare Workers East		12b. Address (street and number, city, state, and ZIP code) 108 Myrtle St, Quincy, MA 02171	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union			
12d. Tel No. (617) 474-7140	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Ian O. Russell, Counsel		13b. Address (street and number, city, state, and ZIP code) 2 Liberty Square, 10th Floor, Boston, MA 02109	
13c. Tel No. 617-387-7200	13d. Cell No.	13e. Fax No.	13f. E-Mail Address irussell@pylerome.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Ian Russell	Signature 	Title Counsel for Petitioner	Date 3/11/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



## **1199SEIU United Healthcare Workers East and Salem Hospital NLRB Petition**

### Attachment A

Included: All full-time and regular part-time (including eligible per diem) service and maintenance employees ("all other non-professionals," for purposes of the NLRB's acute care hospital bargaining unit rules) who have regularly worked an average of at least eight hours per week during the 13 week period preceding approval of a consent election agreement or direction of an election by the Regional Director and are still on the payroll at the time of voting.

Excluded: All other employees, including managers, supervisors, confidential employees, guards, physicians, nurses, all other professionals, technical employees, business office clericals, skilled maintenance, employees of outside registries and other agencies supplying labor to the Hospital, "research assistants" or functionally similar positions, all already represented employees and per diem employees who have not regularly worked an average of at least eight hours per week during the 13 week period preceding approval of a consent election agreement or direction of an election by the Regional Director.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

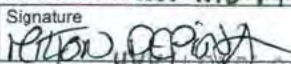
01-RC-257856

Date Filed

3/11/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> LinCare Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 53 Capital DR. West Springfield MA 01089	
<b>3a. Employer Representative - Name and Title:</b> Erica Rivera Suttles		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (413) 734-2562	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (413) 734-1242	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Healthcare		<b>4b. Principal Product or Service</b> Healthcare products	<b>5a. City and State where unit is located:</b> West Springfield MA
<b>5b. Description of Unit Involved:</b> <b>Included:</b> Healthcare Specialists, Customer Service Representatives and Service Representatives. <b>Excluded:</b> All other employees including Managers, Supervisors, Sales Representatives and Guards as define in			<b>6a. Number of Employees in Unit:</b> 11 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (if no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b> <b>10d. Cell No.</b> <b>10e. Fax No.</b> <b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> 03/30/2020		<b>11c. Election Time(s):</b> TBD	<b>11d. Election Location(s):</b> West Springfield Facility
<b>12a. Full Name of Petitioner (including local name and number):</b> International Brotherhood of Teamsters Joint Council 10 New England		<b>12b. Address (street and number, city, State and ZIP code):</b> 544 Main St. Boston MA 02129	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters Joint Council 10 New England			
<b>12d. Tel. No.</b> (617) 241-3989	<b>12e. Cell No.</b> (857) 274-0750	<b>12f. Fax No.</b> (617) 241-7512	<b>12g. E-Mail Address</b> mdepina@teamstersjointcouncil10.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Milton Depina Organizer		<b>13b. Address (street and number, city, State and ZIP code):</b> 544 Main St. Boston MA 02129	
<b>13c. Tel. No.</b> (617) 241-3989	<b>13d. Cell No.</b> (857) 274-0750	<b>13e. Fax No.</b> (617) 241-7512	<b>13f. E-Mail Address</b> mdepina@teamstersjointcouncil10.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Milton Depina	<b>Signature</b> 	<b>Title</b> Organizer	<b>Date</b> 03/11/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
HYBIEUSB CONNECTICUT  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 15 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

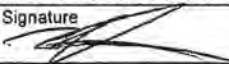
01-RC-257875

Date Filed

3-11-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Hilton Garden Inn East Boston		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 100 Boardman Street, Boston, MA 02128	
<b>3a. Employer Representative - Name and Title:</b> Kevin Buchannan, General Manager		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 857-256-2222	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 617-561-0798	<b>3f. E-Mail Address</b> Kevin.Buchannan@hilton.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hotel		<b>4b. Principal Product or Service</b> Accommodation	<b>5a. City and State where unit is located:</b> Boston, MA
<b>5b. Description of Unit Involved:</b> Included: see attached Excluded:			<b>6a. Number of Employees in Unit:</b> 32
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 03/10/20 <b>and Employer declined recognition</b> on or about (Date) <u>no reply received</u> (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> none		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> <b>If so, approximately how many employees are participating?</b> (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> April 2, 2020		<b>11c. Election Time(s):</b> 7:00-8:00am, 1:00-4:30pm	
		<b>11d. Election Location(s):</b> Logan/Revere Room	
<b>12a. Full Name of Petitioner (including local name and number):</b> UNITE HERE Local 26		<b>12b. Address (street and number, city, State and ZIP code):</b> 101 Station Landing, 4th Floor Medford, MA 02155	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> UNITE HERE			
<b>12d. Tel. No.</b> 617-832-6699	<b>12e. Cell No.</b> 857-272-5359	<b>12f. Fax No.</b> 617-426-7684	<b>12g. E-Mail Address</b> mkramer@local26.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Michael T. Anderson		<b>13b. Address (street and number, city, State and ZIP code):</b> 33 Harrison Ave, 7th Floor Boston, MA 02111	
<b>13c. Tel. No.</b> 617-227-5720	<b>13d. Cell No.</b> 617-279-3965	<b>13e. Fax No.</b> 617-227-5767	<b>13f. E-Mail Address</b> manderson@murphypplc.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Michael Kramer		<b>Signature</b> 	<b>Title</b> Organizing Director
			<b>Date</b> 03/11/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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This is a petition for a residual election under Armour & Co., 40 NLRB 1332 (1942) and Globe Machine & Stamping, 3 NLRB 294 (1937), under Casehandling Manual ¶ 11091.2(a). Petitioner currently represents 27 employees in the Housekeeping (including Room Cleaners and Housepersons) and Guest Service Attendants (Bellperson, Doorperson) classifications in the Hotel. Petitioner seeks an Armour-Globe election among all remaining non-supervisory employees in the Hotel, including all Food and Beverage, Front Desk, and Maintenance classifications, but excluding statutory supervisors and guards, to be added to the existing unit.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

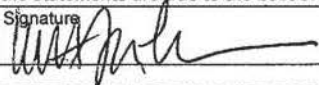
01-RC-257923

Date Filed

3-12-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer:</b> Compass Group d/b/a Chartwells		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 90 Pleasant View Ave. Smithfield, RI 02917	
<b>3a. Employer Representative - Name and Title:</b> Lori Richard		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 401-231-8662	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Lori.Richard@Compass-USA.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Public School Food Service K-12		<b>4b. Principal Product or Service</b> Food Service	
<b>5a. City and State where unit is located:</b> Smithfield, RI		<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time food service workers in Smithfield, RI K-12 School District <b>Excluded:</b> all other classifications including clericals, guards and supervisors	
<b>6a. Number of Employees in Unit:</b> 15		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>March 5</u> and Employer declined recognition on or about (Date) <u>No Reply</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> April 2		<b>11c. Election Time(s):</b> 2:30-3:30	
<b>11d. Election Location(s):</b> 90 Pleasant View Ave Cafeteria			
<b>12a. Full Name of Petitioner (including local name and number):</b> UniteHere Local 26		<b>12b. Address (street and number, city, State and ZIP code):</b> 172 Longfellow Street Providence, RI 02907	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> UniteHere International Union, AFL-CIO			
<b>12d. Tel. No.</b> 401-528-1103	<b>12e. Cell No.</b> 617-543-2851	<b>12f. Fax No.</b> 401-528-1177	<b>12g. E-Mail Address</b> Niadeluca@local26.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Michael T. Anderson		<b>13b. Address (street and number, city, State and ZIP code):</b> 33 Harrison Ave. 7th Fl, Boston, MA 02111	
<b>13c. Tel. No.</b> 617-227-5720	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 617-227-5767	<b>13f. E-Mail Address</b> manderson@murphypilc.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Nancy Iadeluca		<b>Signature</b> 	<b>Title</b> RI Director
<b>Date</b> 3/11/20			

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

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Case No.

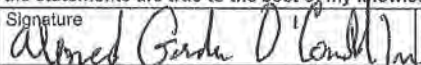
01-RC-257982

Date Filed

3-13-2020

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**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Mayflower Medicinals		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 89 October Hill Road, Holliston, MA 01746	
<b>3a. Employer Representative - Name and Title:</b> Thomas McDonough, Esquire		<b>3b. Address (if same as 2b - state same):</b> Jackson, Lewis, 44 South Broadway 14th Floor, New York, NY 10601	
<b>3c. Tel. No.</b> 914-872-8060	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 914-946-1216	<b>3f. E-Mail Address</b> Thomas.McDonough@jacksonlewis.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Marijuana Dispensary		<b>4b. Principal Product or Service</b> Medical and Recreational	<b>5a. City and State where unit is located:</b> Holliston, MA
<b>5b. Description of Unit Involved:</b> Included: SEE ATTACHED Excluded: SEE ATTACHED			<b>6a. Number of Employees in Unit:</b> 32
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b>
			<b>10d. Cell No.</b>
			<b>10e. Fax No.</b>
			<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: _____			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b>		<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>
<b>12a. Full Name of Petitioner (including local name and number):</b> United Food & Commercial Workers Union, Local 1445		<b>12b. Address (street and number, city, State and ZIP code):</b> 30 Stergis Way, Dedham, MA 02026	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Food & Commercial Workers Union Local 1445, AFL-CIO			
<b>12d. Tel. No.</b> 781-461-6775	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 781-461-0677	<b>12g. E-Mail Address</b> INFO@UFCWLOCAL1445.ORG
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Alfred Gordon O'Connell, Counsel		<b>13b. Address (street and number, city, State and ZIP code):</b> Pyle Rome Ehrenberg PC, 2 Liberty Square, 10th Fl, Boston MA 02109	
<b>13c. Tel. No.</b> 617-367-7200	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 617-367-4820	<b>13f. E-Mail Address</b> agordon@pylerome.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Alfred Gordon O'Connell		<b>Signature</b> 	<b>Title</b> Counsel
			<b>Date</b> 3.13.2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

EXHIBIT A to RC PETITION  
UFCW 1445 AND MAYFLOWER MEDICINALS  
BOX 5(B) – UNIT DESCRIPTION

Included: All full-time and regular part-time non-professional employees at Mayflower Medicinal facility in Holliston, Mass., but

Excluded: all managers, confidential employees, supervisors, agricultural employees, and guards.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
01-RD-257448Date Filed  
3/5/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Compass Group

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)  
Boston Logan International Airport, 1 Harborside Dr., East Boston, MA 02128

3a. Employer Representative - Name and Title  
Ashleigh Ciulla

3b. Address (If same as 2b - state same)  
2400 Yorkmont Road, Charlotte, NC 28217

3c. Tel. No.  
704-928-8599

3d. Fax No.

3e. Cell No.

3f. E-Mail Address  
ashleigh.ciulla@compass-usa.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Service provider

4b. Principal product or service  
Food and beverage

5a. Description of Unit Involved  
Included:  
All full-time and regular part-time employees employed by the Employer, in its food and beverage operation

5b. City and State where unit is located:  
East Boston, MA

Excluded:  
Office clerical ees, professional ees, managerial ees, chefs, temporary ees, guards and supervisors

6. No. of Employees in Unit  
49

7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent  
UNITE HERE Local 26, AFL-CIO

8b. Affiliation, if any

8c. Address  
101 Station Landing 4th floor, Medford MA 02155

8d. Tel. No.  
617-832-6699

8e. Cell No.

8f. Fax No.

8g. E-Mail Address

9. Date of Recognition or Certification

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
December 31, 2019

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No

11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) none

12a. Name

12b. Address

12c. Tel. No.

12d. Fax No.

12e. Cell No.

12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

13a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)  
March 20, 2020

13c. Election Time(s)  
11:30 AM - 1:30 PM

13d. Election Location(s)  
Store Room

14. Full Name of Petitioner:

(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code)

(b) (6), (b) (7)(C)

14b. Tel. No.

(b) (6), (b) (7)(C)

14c. Fax No.

14d. Cell No.

14e. E-Mail Address

(b) (6), (b) (7)(C)

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name

(b) (6), (b) (7)(C)

15b. Title

15c. Address (Street and number, city, state, ZIP code)

(b) (6), (b) (7)(C)

15d. Tel. No.

(b) (6), (b) (7)(C)

15e. Fax No.

15f. Cell No.

15g. E-Mail Address

(b) (6), (b) (7)(C)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

(b) (6), (b) (7)(C)

S (b) (6), (b) (7)(C)

Title

Date Filed

3/2/2020

Penalties on this petition can be punished by fine and imprisonment (U.S. Code, Title 18, Section 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-257605	Date Filed 3-6-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer City Bar Justice Center		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 42 West 44th St. NY New York 10036-	
3a. Employer Representative - Name and Title Lynn Kelly		3b. Address (If same as 2b - state same) 42 West 44th St. NY New York 10036-	
3c. Tel. No. (212) 382-6727	3d. Cell No.	3e. Fax No.	3f. E-Mail Address lkelly@nycbar.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Legal		4b. Principal product or service Legal aid offered to New Yorkers	
		5a. City and State where unit is located: New York, NY	

5b. Description of Unit Involved		6a. No. of Employees in Unit: 8
Included: See Attached Page 2 for additional details		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Excluded: See Attached Page 2 for additional details		

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
 (Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): March 19, 2020	11c. Election Time(s): 9:30a-12:30p; 2:30p-5:30p	11d. Election Location(s): 2nd Floor Conference Room, 42 West 44th St. New York, NY
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12a. Full Name of Petitioner (including local name and number)  
Grace Reckers  
Office and Professional Employees International Union, Local 153, AFL-CIO

12b. Address (street and number, city, state, and ZIP code)  
265 W 14th St, Suite 610  
NY New York 10011-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) Office and Professional Employees International Union, AFL-CIO	12d. Tel No. (925) 389-8168	12e. Cell No.	12f. Fax No.	12g. E-Mail Address greckers@opeiu.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Grace Reckers	Signature Grace Reckers	Title Organizer	Date 03/6/2020 08:35:17
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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MAR 06 2020

BY: \_\_\_\_\_



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-257605	3-6-20

**Employees Included**

All nonprofessional employees employed by the employer, including Project Coordinators and Senior Project Coordinators.

**Employees Excluded**

All attorneys, managers, confidential employees, temporary employees, and supervisors as defined by the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
02-RC-257691

Date Filed  
3-9-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Citizen 360 Condominium		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 360 East 89th Street, New York, NY 10128	
3a. Employer Representative - Name and Title Senada Palaj		3b. Address (If same as 2b - state same) 770 Lexington Ave, New York, NY 10065	
3c. Tel. No. 212-396-8265	3d. Cell No.	3e. Fax No.	3f. E-Mail Address spalaj@halstead.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Residential building		4b. Principal product or service Building services	
5b. Description of Unit Involved Included: All building service workers Excluded: Statutory guards and supervisors		5a. City and State where unit is located: New York, NY 10002	
		6a. No. of Employees in Unit: 8	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): Nearest Wednesday	11c. Election Time(s): 2:30pm-3:30pm	11d. Election Location(s): Employer Lounge
12a. Full Name of Petitioner (including local name and number) SEIU LOCAL 32BJ		12b. Address (street and number, city, state, and ZIP code) 25 West 18th Street New York, N.Y. 10011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
SEIU

12d. Tel No. 212 388-3800	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Katchen Locke, Attorney		13b. Address (street and number, city, state, and ZIP code) 25 W. 18th Street, New York, NY, 10011	
13c. Tel No. 212 539 2941	13d. Cell No.	13e. Fax No. 212-388-2062	13f. E-Mail Address Klocke@seiu32bj.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Katchen Locke	Signature 	Title Attorney	Date 3-6-20
-------------------------------	---------------	-------------------	----------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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BY: \_\_\_\_\_



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-257861	Date Filed 3-9-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Greyhound

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
625 8th Avenue  
NY New York 10018-

3a. Employer Representative - Name and Title  
Leonard Ellis

3b. Address (If same as 2b - state same)  
625 8th Avenue  
NY New York 10018-

3c. Tel. No.  
(212) 971-6338

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
Leonard.Ellis@firstgroup.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Services

4b. Principal product or service  
ticketing and customer services

5a. City and State where unit is located:  
New York, NY

5b. Description of Unit Involved  
Included: See Attached Page 2 for additional details

6a. No. of Employees in Unit:  
60

Excluded: See Attached Page 2 for additional details

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
4/3/2020

11c. Election Time(s):  
6am - 9am & 1pm - 5pm

11d. Election Location(s):  
MAIN BREAK ROOM

12a. Full Name of Petitioner (including local name and number)  
GILBERTO MENDOZA  
Local 660 UAW

12b. Address (street and number, city, state, and ZIP code)  
100 SOUTH BEDFORD ROAD SUITE 340  
NY MT KISCO 10549-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
New York

12d. Tel No.  
(646) 355-5291

12e. Cell No.  
(646) 355-5291

12f. Fax No.

12g. E-Mail Address  
GILBERTOTITOMENDOZA@HOTMAIL.COM

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

13b. Address (street and number, city, state, and ZIP code)

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
GILBERTO MENDOZA

Signature  
GILBERTO MENDOZA

Title  
President

Date  
03/9/2020 11:31:20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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RECEIVED  
MAR 09 2020

BY: \_\_\_\_\_

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
02-RC-257861	3-9-20

Employees Included

all full and part time ticketing and customer services employees

Employees Excluded

MANAGERS, SUPERVISORS AND ALL ACCORDING TO THE ACT



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**02-RC-258153**

Date Filed  
**3/12/20**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Millennium Tower Residences		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 30 West Street, New York, NY, 10004	
<b>3a. Employer Representative - Name and Title</b> Patrick Crotty (Resident Manager)		<b>3b. Address</b> (if same as 2b - state same) 99 Battery Pl, New York, NY 10280	
<b>3c. Tel. No.</b> (646)884-5110	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (212) 732-3570	<b>3f. E-Mail Address</b> Pcrotty@milfordmgmt.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Residential Building		<b>4b. Principal product or service</b> Building services	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All building service workers <b>Excluded:</b> statutory guards and supervisors		<b>5a. City and State where unit is located:</b> New York, NY	
		<b>6a. No. of Employees in Unit:</b> 16	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). none		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** no If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11b. Election Date(s):** nearest Monday **11c. Election Time(s):** 6:30-7:30 am, 2:30pm-3:30pm **11d. Election Location(s):** Break Room- 30 West Street, New York, NY, 10004

**12a. Full Name of Petitioner (including local name and number)**  
SEIU Local 32BJ **12b. Address (street and number, city, state, and ZIP code)**  
25 West 18th Street, New York, NY 10011

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (If none, so state)  
SEIU

<b>12d. Tel No.</b> 212 388-3800	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Katchen Locke, Attorney		<b>13b. Address</b> (street and number, city, state, and ZIP code) 25 West 18th Street, New York, NY 10011	
<b>13c. Tel No.</b> 212 539 2941	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> klocke@seiu32bj.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Katchen Locke	<b>Signature</b> <i>Katchen Locke</i>	<b>Title</b> Attorney	<b>Date</b> 3-11-20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. 02-RC-258334	Date Filed 03/23/2020
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Safe Passage Project	<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 185 West Broadway, New York, NY 10013
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<b>3a. Employer Representative - Name and Title</b> Rich Leimsider, Executive Director	<b>3b. Address</b> (If same as 2b - state same) Same
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<b>3c. Tel. No.</b> (212) 324-6558	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> rleimsider@safepassageproject.org
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<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.)	<b>4b. Principal product or service</b>	<b>5a. City and State where unit is located:</b> New York, NY
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<b>5b. Description of Unit Involved</b> <b>Included:</b> See addendum <b>Excluded:</b>	<b>6a. No. of Employees in Unit:</b> 26 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 3/16/20 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> 4/1/20 - 4/10/20	<b>11c. Election Time(s):</b> N/A	<b>11d. Election Location(s):</b> N/A
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<b>12a. Full Name of Petitioner (including local name and number)</b> UAW Local 2325 - Association of Legal Aid Attorneys (AFL-CIO)	<b>12b. Address (street and number, city, state, and ZIP code)</b> 50 Broadway, Suite 1600 NY, NY 10004-3817
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
United Auto Workers, AFL-CIO

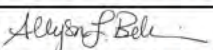
<b>12d. Tel No.</b> (212) 343-0708	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (212) 343-0966	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Allyson L. Belovin, Attorney	<b>13b. Address (street and number, city, state, and ZIP code)</b> Levy Ratner, P.C., 80 Eighth Avenue, 8th Floor New York, NY 10011
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<b>13c. Tel No.</b> (212) 627-8100	<b>13d. Cell No.</b> (646) 326-9096	<b>13e. Fax No.</b> (212) 627-8182	<b>13f. E-Mail Address</b> abelovin@levyratner.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Allyson Belovin	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> March 23, 2020
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



## ADDENDUM TO RC PETITION

Petitioner - UAW Local 2325 - Association of Legal Aid Attorneys

### Description of Unit Involved:

Unit description (with job classifications):

Included: All full-time and regular part-time workers employed by the Employer including but not limited to Paid Fellow, Legal Clerk, Operations Assistant, Operations Associate, Senior Operations Associate, Development Associate, Paralegal, Program Associate, Senior Staff Attorney, Social Worker, and Staff Attorney

Excluded: Managing Attorney, Supervising Attorney, Deputy Executive Director, Legal Director, Executive Director, Supervising Social Worker, Development Manager, Head of Finance and Operations, Director of People and Operations, interns, guards, confidential employees, supervisors and managerial employees.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

3-RC-257541

Date Filed

March 6, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Visiting Nursing Association of Western New York		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 650 Airborne Parkway NY Buffalo 14221-	
<b>3a. Employer Representative - Name and Title</b> Paul Coleman		<b>3b. Address (If same as 2b - state same)</b> 650 Airborne Parkway NY Buffalo 14221-	
<b>3c. Tel. No.</b> (716) 630-8766	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> pcoleman@kaleidahealth.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare		<b>4b. Principal product or service</b> Home healthcare provider	
<b>4c. City and State where unit is located:</b> Buffalo, NY		<b>5a. City and State where unit is located:</b> Buffalo, NY	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 4
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/27/2020 and Employer declined recognition on or about 03/04/2020 (Date) (If no reply received, so state). Yes  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> Monday, March 16
<b>11c. Election Time(s):</b> 11am - 2pm
<b>11d. Election Location(s):</b> 650 Airborne Parkway, Elizabeth Coe conference room

<b>12a. Full Name of Petitioner (including local name and number)</b> Theresa Shaffer Theresa Shaffer Communications Workers of America, AFL-CIO	<b>12b. Address (street and number, city, state, and ZIP code)</b> 821 Elk St. Suite B NY Buffalo 14201-
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Communications Workers of America, AFL-CIO

<b>12d. Tel No.</b> (716) 824-2042	<b>12e. Cell No.</b> (716) 310-9352	<b>12f. Fax No.</b> (716) 824-2159	<b>12g. E-Mail Address</b> hshaffer@cwa-union.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Amy Young Esq. District 1 Legal Counsel Communications Workers of America, AFL-CIO		<b>13b. Address (street and number, city, state, and ZIP code)</b> 80 Pine St. 37th Floor NY New York 10005-	
<b>13c. Tel No.</b> (212) 344-2515	<b>13d. Cell No.</b> (917) 796-1158	<b>13e. Fax No.</b> (212) 425-2947	<b>13f. E-Mail Address</b> ayoung@cwa-union.org

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Theresa Shaffer	<b>Signature</b> Theresa Shaffer	<b>Title</b> Lead Organizer	<b>Date</b> 03/5/2020 16:54:16
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

Employees Included  
See attached page 2 for details

Employees Excluded  
See attached page 2 for details

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

#### Employees Included

All full time and regular part time pharmacists employed by the employer at the Visiting Nursing Association of Western New York. NOTE: Petition seeks an Armour-Globe election to include the petitioner for employees in the party's existing collective bargaining unit as described in the 2017-2020 agreement with the Visiting Nursing Association of Western New York per Article 1, Section 1.1.1 "Bargaining Unit."

#### Employees Excluded

All other employees, including casual, guards, and supervisors as defined by the act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

3-RC-257555

Date Filed

March 6, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Visiting Nursing Association of Western New York		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 650 Airborne Parkway NY Buffalo 14221-	
<b>3a. Employer Representative - Name and Title</b> Paul Coleman		<b>3b. Address (If same as 2b - state same)</b> 650 Airborne Parkway NY Buffalo 14221-	
<b>3c. Tel. No.</b> (716) 630-8766	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> pcoleman@kaleidahealth.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare		<b>4b. Principal product or service</b> Home healthcare provider	
<b>5a. City and State where unit is located:</b> Buffalo, NY			

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 12
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/27/2020 and Employer declined recognition on or about 03/04/2020 (Date) (If no reply received, so state). Yes  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> Ballots to be mailed out on the 12th of March	<b>11c. Election Time(s):</b> Ballots to be returned by the 19th of March	<b>11d. Election Location(s):</b> Ballots to be mailed to workers' home addresses
<b>12a. Full Name of Petitioner (including local name and number)</b> Theresa Shaffer Theresa Shaffer Communications Workers of America, AFL-CIO		<b>12b. Address (street and number, city, state, and ZIP code)</b> 821 Elk St. Suite B NY Buffalo 14201-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Communications Workers of America, AFL-CIO

<b>12d. Tel No.</b> (716) 824-2042	<b>12e. Cell No.</b> (716) 310-9352	<b>12f. Fax No.</b> (716) 824-2159	<b>12g. E-Mail Address</b> hshaffer@cwa-union.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Amy Young Esq. CWA District 1 Legal Counsel Communications Workers of America, AFL-CIO		<b>13b. Address (street and number, city, state, and ZIP code)</b> 80 Pine St. 37th Floor NY New York 10005-	
<b>13c. Tel No.</b> (212) 344-2515	<b>13d. Cell No.</b> (917) 796-1158	<b>13e. Fax No.</b> (212) 425-2947	<b>13f. E-Mail Address</b> ayoung@cwa-union.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Theresa Shaffer	<b>Signature</b> Theresa Shaffer	<b>Title</b> Lead Organizer	<b>Date</b> 03/5/2020 17:04:21
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

Employees Included  
See attached page 2 for details

Employees Excluded  
See attached page 2 for details

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

### Employees Included

All full time and regular part time coding specialists and clinical documentation specialists employed by the employer at the Visiting Nursing Association of Western New York. NOTE: Petition seeks an Armour-Globe election to include the petitioner for employees in the party's existing collective bargaining unit as described in the 2017-2020 agreement with the Visiting Nursing Association of Western New York per Article 1, Section 1.1.1 "Bargaining Unit."

### Employees Excluded

All other employees, including casual, guards, and supervisors as defined by the act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

3-RC-257840

Date Filed

March 11, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Kaleida Health		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 726 Exchange Street Floor 2 NY Buffalo 14210	
<b>3a. Employer Representative - Name and Title</b> Robert Heftka Esq.		<b>3b. Address (If same as 2b - state same)</b> 726 Exchange Street Floor 2 NY Buffalo 14210	
<b>3c. Tel. No.</b> (716) 859-8602	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (716) 859-8670	<b>3f. E-Mail Address</b> RHeftka@kaleidahealth.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare		<b>4b. Principal product or service</b> Healthcare	
<b>5a. City and State where unit is located:</b> Buffalo, NY			

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 41
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> 4/2/2020	<b>11c. Election Time(s):</b> Buffalo General 8:00a-10:00a & 2:00p-4:00p, Millard	<b>11d. Election Location(s):</b> Buffalo General Medical Center (1st and 3rd session), Millard Fillmore St
<b>12a. Full Name of Petitioner (including local name and number)</b> Ann Converso Communications Workers of America AFL-CIO Local 1168		<b>12b. Address (street and number, city, state, and ZIP code)</b> 1900 Sweet Home Road NY Amherst 14228

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Communications Workers of America AFL-CIO

<b>12d. Tel. No.</b> (716) 867-9552	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (716) 639-9100	<b>12g. E-Mail Address</b> aconverso@cwa1168.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Amy Young Esq. District 1 Counsel Communications Workers of America AFL-CIO		<b>13b. Address (street and number, city, state, and ZIP code)</b> 80 Pine Street 37th Floor NY New York 10005	
<b>13c. Tel. No.</b> (212) 530-4744	<b>13d. Cell No.</b> (917) 796-1158	<b>13e. Fax No.</b> (212) 425-2947	<b>13f. E-Mail Address</b> AYoung@cwa-union.org

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Ann Converso	<b>Signature</b> Ann Converso	<b>Title</b> Organizer	<b>Date</b> 03/11/2020 09:54:12
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

### Employees Included

All full time and regular part time employees including clinical lab instrument specialists, advanced imaging system engineers, biomedical equipment information network specialists, biomedical equipment technician 1's, biomedical equipment technician 2's, biomedical equipment technician 3's, and medical equipment processing technicians in the systemwide Kaleida Health Biomed Clinical Engineering Department employed by the employer.

### Employees Excluded

All other employees, including casual, guards, and supervisors as defined by the act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

3-RC-258061

Date Filed

March 17, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
TCG Player

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
440 Warren St.  
NY Syracuse 13202-

**3a. Employer Representative - Name and Title**  
Chedy Hampson

**3b. Address (If same as 2b - state same)**  
440 Warren St.  
NY Syracuse 13202-

**3c. Tel. No.**  
(315) 416-9881

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
chedy@tcgplayer.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Retail (Catalog & Mail Order)

**4b. Principal product or service**  
E-Commerce Sales

**5a. City and State where unit is located:**  
Syracuse, NY

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**  
96

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_ (Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
Ballots mailed April 13th, ballots due back April \_\_\_\_\_

**11c. Election Time(s):**  
Mail

**11d. Election Location(s):**  
Mail

**12a. Full Name of Petitioner (including local name and number)**  
Chris Machanoff  
Service Employees International Union Local 200United

**12b. Address (street and number, city, state, and ZIP code)**  
731 James St, Suite 300  
NY Syracuse 13201-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Service Employees International Union

**12d. Tel. No.**  
(585) 880-3345

**12e. Cell No.**  
(585) 880-3345

**12f. Fax No.**  
(585) 464-8684

**12g. E-Mail Address**  
Cmachanoff@local200united.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

**13b. Address (street and number, city, state, and ZIP code)**

**13c. Tel. No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
Chris Machanoff

**Signature**  
Chris Machanoff

**Title**  
Organizing Director

**Date**  
03/16/2020 14:47:18

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
3-RC-258061	March 17, 2020

#### Employees Included

All fulfillment center warehouse employees located at the TCGPlayer Syracuse location.

#### Employees Excluded

All supervisors, clerical employees, office employees, confidential employees, team leads, directors, managerial employees and guards as defined by the act.

FORM NLRB-602 (RC)  
(3-16)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


03-RC-258062

Date Filed

3/17/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b below) and a certificate of service showing service on the employer and all other parties named in the petition at: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: <b>Empire Merchants North, LLC</b>		2b. Address(es) of Estate/Person(s) involved (Street and number, City, State, ZIP code): <b>16 Houghtaling Road, West Coxsack, NY 12192</b>	
3a. Employer Representative - Name and Title: <b>Tony Amalfitano, Dir of Operations</b>		3b. Address (if same as 2b - state same): <b>Same</b>	
3c. Tel. No. <b>1-800-724-3960</b>	3d. Cell No. <b>1-315-952-6134</b>	3e. Fax No. <b>518-731-5300</b>	3f. E-Mail Address <b>tarnalfitano@empirenorth.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Wholesaler</b>		4b. Principal Product or Service <b>Wine and Liquor</b>	
5a. City and State where unit is located: <b>West Coxsack, NY</b>		5b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6a. Description of Unit Involved: Included: <b>See attached sheet</b> Excluded:		6b. Number of Employees in Unit: <b>4</b>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>3/16/2020</b> on or about (Date) <b>no reply</b> (if no reply received, so state). and Employer declined recognition			
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) <b>Teamsters Local 294, IBT</b>		8b. Address: <b>890 Third Street, Albany, NY 12206</b>	
8c. Tel. No. <b>518-489-5436</b>	8d. Cell No. <b>518-227-4410</b>	8e. Fax No. <b>518-453-9251</b>	8f. E-Mail Address <b>mdogano@teamsters294.org</b>
8g. Affiliation, if any: <b>International Brotherhood of Teamsters</b>		8h. Date of Recognition or Certification <b>25+ years</b>	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>02/28/2022</b>			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If so, approximately how many employees are participating? (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 6b above. (if none, so state) <b>None</b>			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Date(s): If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>April 9, 2020</b>	11c. Election Time(s): <b>TBD</b>	11d. Election Location(s): <b>Employer Facility</b>	
12a. Full Name of Petitioner (including local name and number): <b>Teamsters Local 294, IBT</b>		12b. Address (street and number, city, State and ZIP code): <b>890 Third Street, Albany, NY 12206</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): <b>International Brotherhood of Teamsters</b>			
12d. Tel. No. <b>518-489-5436</b>	12e. Cell No. <b>518-227-4410</b>	12f. Fax No. <b>518-453-9251</b>	12g. E-Mail Address <b>mdogano@teamsters294.org</b>
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: <b>Bruce C. Bramley, Esq.</b>		13b. Address (street and number, city, State and ZIP code): <b>90 State Street, Albany, NY 12207</b>	
13c. Tel. No. <b>518-434-2622</b>	13d. Cell No. <b>518-424-4426</b>	13e. Fax No. <b>518-434-0048</b>	13f. E-Mail Address <b>bbramley@pbmlaw.net</b>
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) <b>Michael Dogano</b>	Signature 	Title <b>Business Agent</b>	Date <b>3-16-20</b>

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Collection of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74962-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of the information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



**5b. Description of Unit Involved:**

**Included:** All full-time and regular part-time administrative warehouse clerks including inventory clerk, receiving clerk, night administrative clerk and returns clerk/day admin of Employer Facility named above.

**Excluded:** All others

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

03-RC-258311

Date Filed

3/24/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Northern Dutchess Hospital		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 6511 Springbrook Avenue Rhinebeck, New York 12572	
<b>3a. Employer Representative - Name and Title:</b> Christina Crotty Human Resources Business Partner		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> (845) 876-3001	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> christina-marie.crotty@nuvancehealth.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> health care facility		<b>4b. Principal Product or Service</b> health care	<b>5a. City and State where unit is located:</b> Rhinebeck, NY
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All regular full-time, all regular part-time and Per Diem Registered Nurses primarily engaged in direct patient care. <b>Excluded:</b> See attached Rider.			<b>6a. Number of Employees in Unit:</b> 215
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> _____ <b>and Employer declined recognition</b> on or about (Date) _____ (if no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> NO <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)</b> none			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:</b>		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b>	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b> Northern Dutchess Hospital, Cafeteria Conference Room	
<b>12a. Full Name of Petitioner (including local name and number):</b> New York State Nurses Association		<b>12b. Address (street and number, city, State and ZIP code):</b> 131 West 33rd Street, 4th Floor New York, New York 10001 Attn: Jessica Oliva	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> None			
<b>12d. Tel. No.</b> (212) 785-0157	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (212) 785-0242	<b>12g. E-Mail Address</b> Jessica.Oliva@NYSNA.ORG
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Joseph J. Vitale, Counsel Cohen, Weiss and Simon LLP		<b>13b. Address (street and number, city, State and ZIP code):</b> 900 Third Avenue, Suite 2100 New York, NY 10022	
<b>13c. Tel. No.</b> (212) 356-0238	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (646) 473-8238	<b>13f. E-Mail Address</b> jvitale@cwsny.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Joseph J. Vitale	<b>Signature</b>	<b>Title</b> Counsel	<b>Date</b> 3/23/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



Northern Dutchess Hospital RC Petition Rider

Excluded:

All non-direct patient care titles (including: Robotics Clinical Coordinator, Nurse Educator, Nurse Practitioner, Quality Management, Thompson House and Case Managers) and all statutory supervisors (including: PACU Team Lead, OR Clinical Resource Coordinator, OR Team Lead).


UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
04-RC-257224Date Filed  
3/2/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> The News Journal of Wilmington, Delaware		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 950 W. Basin Road, New Castle, DE, 19720-1008 Mailing Address: P.O. Box 15505, Wilmington, DE 19850	
<b>3a. Employer Representative - Name and Title:</b> Mike Feeley, Executive Editor		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 302-324-2679	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> mfeeley@delawareonline.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Printing & Publishing		<b>4b. Principal Product or Service</b> Online News Media	
<b>5a. City and State where unit is located:</b> New Castle, DE		<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time & part-time Reporters, Editorial and Media employees in Wilmington area <b>Excluded:</b> All other employees, guards, and supervisors as defined by the NLRA.	
<b>6a. Number of Employees in Unit:</b> 29		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 03/02/20 and Employer declined recognition on or about (Date) no reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> March 24, 2020		<b>11c. Election Time(s):</b> 11 a.m. - 1 p.m.	
<b>11d. Election Location(s):</b> Bill Frank room-downstairs conference room			
<b>12a. Full Name of Petitioner (including local name and number):</b> NewsGuild of Great Philadelphia, Communications Workers of America Local 38010		<b>12b. Address (street and number, city, State and ZIP code):</b> 1329 Buttonwood St., Philadelphia, PA 19123	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> The NewsGuild, Communications Workers of America			
<b>12d. Tel. No.</b> (215) 928-0118	<b>12e. Cell No.</b> (267) 240-8540	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> bross@local-10.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Vlad Kachka, Freedman and Lorry, PC, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 1601 Market Street, Suite, 1500, Philadelphia, PA 19103	
<b>13c. Tel. No.</b> 215-926-8400	<b>13d. Cell No.</b> 267-243-5085	<b>13e. Fax No.</b> 215-935-7516	<b>13f. E-Mail Address</b> vkachka@freedmanlorry.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Vlad Kachka, Freedman & Lorry, PC		<b>Signature</b> 	<b>Title</b> Attorney
<b>Date</b> 03/02/20			

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>04-RC-257297</b>	Date Filed <b>3/2/20</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Bynum Hospitality, Inc.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) See Attached	
<b>3a. Employer Representative - Name and Title</b> Robert Bynum, President		<b>3b. Address</b> (If same as 2b - state same) 8806 Marshall Road Wyndmoor PA 19038	
<b>3c. Tel. No.</b> 2157325200	<b>3d. Cell No.</b> 2152751122	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> rbbynum@aol.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Restaurants		<b>4b. Principal product or service</b> Entertainment and Food	
<b>5a. City and State where unit is located.</b> Philadelphia, PA		<b>5b. Description of Unit Involved</b> Included: Audio Technicians  Excluded: All other employees, guards and supervisors as defined by the Act	
<b>6a. No. of Employees in Unit:</b> 4		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 3/2/2020 and Employer declined recognition or or about (Date) (If no reply received, so state) no reply  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state) None		<b>8b. Address</b> n/a	
<b>8c. Tel. No.</b> n/a	<b>8d. Cell No.</b> n/a	<b>8e. Fax No.</b> n/a	<b>8f. E-Mail Address</b> n/a
<b>8g. Affiliation, if any</b> n/a		<b>8h. Date of Recognition or Certification</b> n/a	
<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) n/a			

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?**                      If so, approximately how many employees are participating?                       
(Name of labor organization)                      has picketed the Employer since (Month, Day, Year)                     

**10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)  
n/a

<b>10a. Name</b> n/a	<b>10b. Address</b> n/a	<b>10c. Tel. No.</b> n/a	<b>10d. Cell No.</b> n/a
		<b>10e. Fax No.</b> n/a	<b>10f. E-Mail Address</b> n/a

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to early such election.

<b>11b. Election Date(s):</b> 3/23, 24 OR 30/2020	<b>11c. Election Time(s):</b> 11:30 am	<b>11d. Election Location(s):</b> South - 600 N Broad Street Philadelphia, PA
<b>11e. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		

**12a. Full Name of Petitioner (including local name and number)**  
International Alliance of Theatrical Stage Employees Moving Picture Technicians Artists and Allied Crafts AFL-CIO Local 8

**12b. Address (street and number, city, state, and ZIP code)**  
2401 Swanson Street Philadelphia PA 19148

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts, AFL-CIO

<b>12d. Tel. No.</b> 215 952-2106	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Ryan R. Sweeney, Esq.		<b>13b. Address (street and number, city, state, and ZIP code)</b> 325 Chestnut Street Suite 200 Philadelphia PA 19102	
<b>13c. Tel. No.</b> 215 735-9099	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 215 640-3201	<b>13f. E-Mail Address</b> RSweeney@cjlaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Ryan R. Sweeney, Esq.	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 3/2/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Bynum Hospitality, Inc. – RC Petition

2b. There are five relevant addresses: the Corporate Headquarters and Four Establishments

Bynum Hospitality, Inc  
Robert Bynum, President  
8806 Marshall Rd,  
Wyndmoor PA 19038  
215-732-5200 (landline)  
215-275-1122 (cell)  
[rbbynum@aol.com](mailto:rbbynum@aol.com)

South  
600 N Broad Street  
Phila. PA 19130

Green Soul  
1410 Mt. Vernon St  
Phila. PA 19130

Warmdaddy's  
1400 s. Christopher Columbus Blvd  
Phila. PA 19147

Relish  
7152 Ogontz Ave #2016  
Phila. PA 19138



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-257607	Date Filed 3/6/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Broad 600 LLC		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 7600 Stenton Ave., Suite 1M, Philadelphia, PA 19118	
<b>3a. Employer Representative - Name and Title</b> Robert Bynum, President		<b>3b. Address</b> (If same as 2b - state same) same	
<b>3c. Tel. No.</b> (215)732-5200	<b>3d. Cell No.</b> (215)275-1122	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> rbbynum@aol.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Restaurants		<b>4b. Principal product or service</b> Entertainment and Food	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All full time and part time sound technicians/audio technicians <b>Excluded:</b> All other employees, guards and supervisors as defined by the Act		<b>5a. City and State where unit is located:</b> Philadelphia, PA	
		<b>6a. No. of Employees in Unit:</b> 3	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 3/6/2020 and Employer declined recognition on or about (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None		<b>8b. Address</b> n/a	
<b>8c. Tel No.</b> n/a	<b>8d. Cell No.</b> n/a	<b>8e. Fax No.</b> n/a	<b>8f. E-Mail Address</b> n/a
<b>8g. Affiliation, if any</b> n/a		<b>8h. Date of Recognition or Certification</b> n/a	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)  
n/a

<b>10a. Name</b> n/a	<b>10b. Address</b> n/a	<b>10c. Tel. No.</b> n/a	<b>10d. Cell No.</b> n/a
		<b>10e. Fax No.</b> n/a	<b>10f. E-Mail Address</b> n/a

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail  
**11b. Election Date(s):** 3/23, 24 or 30/2020  
**11c. Election Time(s):** 11:30 a.m.  
**11d. Election Location(s):** South- 600 N. Broad Street, Philadelphia

**12a. Full Name of Petitioner (including local name and number)**  
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts AFL-CIO Local 8

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts, AFL-CIO

<b>12d. Tel No.</b> (215)952-2106	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Ryan R. Sweeney, Esquire		<b>13b. Address</b> (street and number, city, state, and ZIP code) 325 Chestnut Street, Suite 200, Philadelphia, PA 19106	
<b>13c. Tel No.</b> (215)735-9099	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (215)640-3201	<b>13f. E-Mail Address</b> rsweeney@cjtllaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Ryan R. Sweeney, Esquire	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 03/06/2020
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

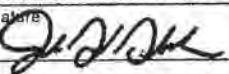
04-RC-257634

Date Filed

3/9/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Delaware Valley Residential Care, LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 280 Jacksonville Rd. Warminster, Pa. 18974	
3a. Employer Representative - Name and Title: Wanda Hernandez, Human Resources Generalist		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 484-681-4697	3d. Cell No.	3e. Fax No. 484-674-7039	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare Facility		4b. Principal Product or Service Long-Term Residential Care	5a. City and State where unit is located: Warminster, PA
5b. Description of Unit Involved: Included: All Full Time & Part Time Residential Care Aides Excluded: All other employees			6a. Number of Employees in Unit: 94 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ by petition _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): 3/20/2020	11c. Election Time(s): 6:30-8:00 am; 2:00-4:00 pm	11d. Election Location(s): Facility Conference Room	
12a. Full Name of Petitioner (including local name and number): NUHHCE District 1199c		12b. Address (street and number, city, State and ZIP code): 1319 Locust Street, Philadelphia PA 19107	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): National Union of Hospital and Health Care Employees, AFSCME			
12d. Tel. No. 2150735-1300	12e. Cell No.	12f. Fax No. 215-735-9878	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Joseph D. Richardson, Counsel to District 1199c		13b. Address (street and number, city, State and ZIP code): Willig, Williams & Davidson, 1845 Walnut St., 24th FL, Philadelphia PA 19103	
13c. Tel. No. 215-656-3655	13d. Cell No.	13e. Fax No. 215-561-5135	13f. E-Mail Address jrichardson@wwdlaw.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Joseph D. Richardson	Signature 	Title Counsel to District 1199c	Date 3/6/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-257730

Date Filed

3/10/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Washington Consulting Group, Inc. (WCG)

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
FAA Bldg., Hog Island Road, Philadelphia, PA 19153

**3a. Employer Representative - Name and Title:**  
Roger Jolley

**3b. Address (if same as 2b - state same):**  
4915 Auburn Avenue, Suite 301, Bethesda MD 20814

**3c. Tel. No.**  
(301) 656-2330

**3d. Cell No.**  
Unknown

**3e. Fax No.**  
(301) 656-1996

**3f. E-Mail Address**  
grjolley@gmail.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Training Facility

**4b. Principal Product or Service**  
Air Traffic Control Training

**5a. City and State where unit is located:**  
Philadelphia, PA

**5b. Description of Unit Involved:**  
Included:  
All remote pilot operators (RPOs) and ATC Instructors (ATCIs)

**6a. Number of Employees in Unit:**  
4

Excluded:  
All others

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

*Petitioner serves as Demand*

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**  
None

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:

**11a. Election Type:**

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
March 31, 2020

**11c. Election Time(s):**  
2:00 PM - 3:00 PM

**11d. Election Location(s):**  
Meeting/Breakroom

**12a. Full Name of Petitioner (including local name and number):**  
International Association of Machinists and Aerospace Workers, AFL-CIO

**12b. Address (street and number, city, State and ZIP code):**  
9000 Machinists Place, Upper Marlboro, MD 20772

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Association of Machinists and Aerospace Workers, AFL-CIO

**12d. Tel. No.**  
(646) 926-2910

**12e. Cell No.**  
(646) 245-2009

**12f. Fax No.**  
(646) 902-5720

**12g. E-Mail Address**  
ddimaria@iamaw.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Nicholas A. Scotto, Special Representative

**13b. Address (street and number, city, State and ZIP code):**  
26 Court St, Ste 1710, Brooklyn, NY 11242

**13c. Tel. No.**  
(929) 226-1724

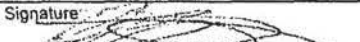
**13d. Cell No.**  
(631) 219-4116

**13e. Fax No.**  
(646) 902-5720

**13f. E-Mail Address**  
nscotto@iamaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Nicholas A. Scotto

**Signature**  


**Title**  
Special Representative

**Date**  
3/10/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


04-RC-257746

Date Filed

3-10-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Inspira Health Network		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 600 Cedar Street Millville NJ 08332	
3a. Employer Representative - Name and Title: William Krasner EMS Director		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. 856-694-1985	3d. Cell No.	3e. Fax No. 856-506-3323	3f. E-Mail Address krasnerw@ihn.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Pre hospital emergency medical services		4b. Principal Product or Service emergency medical services	5a. City and State where unit is located: Millville NJ
5b. Description of Unit Involved: Included: All full time part time and per diem pre hospital care providers, see attached Excluded: See Attached			6a. Number of Employees in Unit: 160
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 03/05/2020 and Employer declined recognition on or about (Date) no response (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Election by Mail		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): April 4, 2020	11c. Election Time(s):	11d. Election Location(s): By Mail	
12a. Full Name of Petitioner (including local name and number): International Association of EMTs and Paramedics		12b. Address (street and number, city, State and ZIP code): 159 Burgin Parkway Quincy MA 02169	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Associations of EMTs and Paramedics/NAGE/SEIU 5000			
12d. Tel. No. 617-376-7237	12a. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Frank Wagner		13b. Address (street and number, city, State and ZIP code): 159 Burgin Parkway Quincy MA 02169	
13c. Tel. No. 617-376-7237	13d. Cell No. 732-485-6799	13e. Fax No. (617)984-5695	13f. E-Mail Address fwagner@page.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Frank Wagner	Signature 	Title National Representative	Date 03/06/2021

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

**5b. Description of unit involved:**

All full time, part time, and per diem pre hospital emergency medical service providers. Mobile Intensive Care (MICP) paramedics, Mobile Intensive Care Nurses (MICN), Emergency Medical Technicians (EMT), and Dispatchers employed by the employer who are dispatched/dispatching from the following nine locations:

Main EMS Building: 600 Cedar Street., Millville NJ 08332

Life Support 1: 238 South Evergreen Avenue., Woodbury NJ 08096

Life Support 2: Franklinville Fire Department., 181 Swedesboro Road., Route 47 and Route 538  
Franklinville NJ 08322

Life Support 3: Hurffville Fire Company., 213 East Holly Avenue., Turnersville NJ 08012

Life Support 4: Logan Township EMS., 49 Coontown Road., Logan Township NJ 08085

Life Support 5: Memorial Hospital of Salem County., 310 Woodstown Road., Salem NJ 08079

Life Support 6: 1200 Southwest Boulevard, Vineland NJ 08326

Life Support 7: Inspira Health Center Bridgeton., 333 Irving Avenue., Bridgeton NJ 08302

Flight Hangar: Millville Airport., 97 Bogden Boulevard., Millville NJ 08332

Who were employed by the Employer during the payroll period ending week of March 4<sup>th</sup> 2020.

**Excluded:**

All other employees, Registered Nurses who are employed by the Employer but are represented by another Union, office clericals, guards, and supervisors as defined in the act.

Also eligible to vote are all per diem employees, in the unit who have worked an average of four (4) hours per week immediately preceding the eligibility date for the election. p

A handwritten signature in black ink, located in the bottom right corner of the page. The signature is stylized and appears to be a first name followed by a last name, though the specific characters are not legible.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

04-RC-258148

Date Filed

3/17/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Pike County Light & Power		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 105 Schneider Lane PA Milford 18337-	
<b>3a. Employer Representative - Name and Title</b> Steven Grandinali		<b>3b. Address</b> (If same as 2b - state same) 105 Schneider Lane PA Milford 18337-	
<b>3c. Tel. No.</b> (570) 832-2988	<b>3d. Cell No.</b> (570) 832-0342	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> grandinali@pcpeg.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Utilities		<b>4b. Principal product or service</b> Energy	
		<b>5a. City and State where unit is located:</b> Milford, PA	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 8
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> April 17, 2020	<b>11c. Election Time(s):</b> 8:30am-9:30am	<b>11d. Election Location(s):</b> Conference Room
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<b>12a. Full Name of Petitioner (including local name and number)</b> Maria L Vooris International Brotherhood of Electrical Workers Local 777	<b>12b. Address (street and number, city, state, and ZIP code)</b> 4 Clearview Terr NY Besselaer 12144-
--	---

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Brotherhood of Electrical Workers

<b>12d. Tel No.</b> (518) 703-2365	<b>12e. Cell No.</b> (518) 703-2365	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> Maria_vooris@ibew.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address</b> (street and number, city, state, and ZIP code)	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Maria L Vooris	<b>Signature</b> Maria Vooris	<b>Title</b> International Lead Organizer	<b>Date</b> 03/16/2020 14:05:26
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

All full and part time regular employees in the Customer Service Representative, Designer/Engineer, Gas Technician, and Planner Scheduler Titles

**Employees Excluded**

Managers, Supervisors and Guards as defined in the act



FORM NLRB-502 (RD)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

04-RD-257379

Date Filed

3/3/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION:** RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer West End Fire Company #3		2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code) 801 West Bridge Street, Phoenixville, PA 19460	
3a. Employer Representative - Name and Title Rick Beittel Jr		3b. Address (if same as 2b - state same) Same	
3c. Tel. No.	3d. Fax No.	3e. Cell No. 610-724-2063	3f. E-Mail Address beittelr@aol.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Fire and EMS station		4b. Principal product or service Fire and EMS	

5a. Description of Unit Involved Included: All Full-time and per-diem EMT-B, EMT-P, Advanced EMT, Firefighter EMT-B, Firefighter EMT-P employees who are in good standing. Excluded: All other employees including guards and supervisors described in the act	5b. City and State where unit is located: Phoenixville, PA
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6. No. of Employees in Unit 24	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8a. Name of Recognized or Certified Bargaining Agent International Association of Fire Fighters Local 4839	
8b. Affiliation, if any	
8c. Address PO Box 308 Phoenixville, Pa 19460	8d. Tel. No. 610-933-1140 8f. Fax No. 610-933-5160
	8e. Cell No. 8g. E-Mail Address local4839@gmail.com
9. Date of Recognition or Certification January 6, 2011	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) December 31, 2019

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
11c. The Employer has been picketed by or on behalf of (Insert Name) _____ a labor organization, of (Insert Address) _____ since (Month, Day, Year)	

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 6 above. (If none, so state) **None**

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Election available when		13a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
13b. Election Date(s) March 13, 2020	13c. Election Time(s) 0700-1900	13d. Election Location(s) 801 W. Bridge St, Phoenixville, PA, 19460

14. Full Name of Petitioner (b) (6), (b) (7)(C)		
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No.	14c. Fax No.
	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any		
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.		
15a. Name (b) (6), (b) (7)(C)	15b. Title Paramedic	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	15d. Tel. No.	15e. Fax No.
	15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.		
Name (Print) (b) (6), (b) (7)(C)	Title Individual	Date Filed March 3, 2020

WILLFUL FALSE STATEMENTS

IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No. Date Filed

04-RD-258626

3/30/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region where the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB-4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVES) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Lehigh Hanson Aggregates	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1101 Railroad Avenue, Newport, New Jersey, 08345
3a. Employer Representative - Name and Title A) Lorenzo - Plant Manager	3b. Address (if same as 2b - state same) Same
3c. Tel. No. 215-852-0288	3d. Cell No.
3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Mine	4b. Principal product or service Concrete Sand and Gravel
5a. Description of Unit Involved included: 8 employees including operators and maintenance included in union Excluded:	5b. City and State where unit is located: Newport, New Jersey

6. No. of Employees in Unit: 8 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent Teamsters Local 675	8b. Affiliation, if any
8c. Address 101 W Crescent Blvd Collingswood, NJ 08108	8d. Tel. No. 856-964-2101
	8e. Cell No.
	8f. Fax No. 856-964-4944
	8g. E-Mail Address

9. Date of Recognition or Certification: 05/31/2017 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): 05/31/2020

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No 11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) None

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

13a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail 13b. Election Date(s): To be determined 13c. Election Time(s): To be determined 13d. Election Location(s): 1101 Railroad Ave, Newport, New Jersey 08345

14. Full Name of Petitioner

(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code): (b) (6), (b) (7)(C)

14b. Tel. No.: (b) (6), (b) (7)(C)

14c. Fax No.: (b) (6), (b) (7)(C)

14d. Cell No.: (b) (6), (b) (7)(C)

14e. E-Mail Address: (b) (6), (b) (7)(C)

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name: A) Lorenzo 15b. Title: Plant Manager

15c. Address (Street and number, city, state, ZIP code): 1101 Railroad Avenue, Newport, New Jersey 08345 15d. Tel. No.: 215-852-0288

15e. Fax No.: 15f. Cell No.: 15g. E-Mail Address:

I declare that I have read the above petition and its contents, and I declare that the information is true to the best of my knowledge and belief.

Name (Print): (b) (6), (b) (7)(C) Title: (b) (6), (b) (7)(C) Date Filed: 03/23/2020

WILLFUL FALSE STATEMENT OR MISFEASANCE IN OBTAINING OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Submission of the information on this form is authorized by the National Labor Relations Act, 29 U.S.C. 1601 et seq. The principal use of the information is to assist the National Labor Relations Board in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to involve its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RM PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

04-RM-257405

Date Filed

3/4/20

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.**

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** – One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

**2a. Name of Employer/Petitioner**  
Valley Forge Volunteer Fire Department d/b/a/ West End Fire

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
801 W. Bridge Street  
PA Phoenixville 19460-

**3a. Employer/Petitioner Representative – Name and Title**  
Rick Beittel Jr. President

**3b. Address (If same as 2b – state same)**  
801 W. Bridge Street  
PA Phoenixville 19460-

**3c. Tel. No.**  
(610) 724-2063

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
beittelr@aol.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Services

**4b. Principal product or service**  
Fire, EMT, Ambulance, etc.

**5a. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**5b. City and State where unit is located:**  
Phoenixville, PA

**6. No. of Employees in Unit:**  
24

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

**7a.** ☐ A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_.

**7b.** ☒ The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

**8a. Recognized or Certified Bargaining Agent - Name** Jeremy Ulrich  
International Association of Fire Fighters, Local 4839

**8b. Affiliation, if any**  
International Association of Fire Fighters

**8c. Address**  
P.O. Box 308  
PA phoenixville 19460-

**8d. Tel. No.**  
(610) 933-1140

**8e. Cell No.**

**8f. Fax No.**  
(610) 933-5160

**8g. E-Mail Address**  
local4839@gmail.com

**9. Date of Recognition or Certification**

**10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
12/31/2019

**11. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)**

**12a. Name and affiliation if any**

**12b. Address**

**12c. Tel. No.**

**12d. Cell No.**

**12e. Fax No.**

**12f. E-Mail Address**

**13. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**13a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**13b. Election Date(s):**  
2 to 3 weeks from filing

**13c. Election Time(s):**  
multiple

**13d. Election Location(s):**  
employer's station

**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**14a. Name and Title** Marc Furman Esq. Attorney  
Cohen Seglias Pallas Greenhall & Furman PC

**14b. Address (street and number, city, state, and ZIP code)**  
30 South 17th Street - 19th Floor  
PA Philadelphia 19103-

**14c. Tel No.**  
(215) 564-1700

**14d. Cell No.**

**14e. Fax No.**

**14f. E-Mail Address**  
mfurman@cohenseglias.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
Marc Furman Esq.

**Signature**  
Marc Furman, Esquire

**Title**  
Attorney

**Date**  
03/4/2020 09:46:55

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

Full-time and regular part-time A-EMT/Firefighter, EMT-B/firefighter, EMT-P/firefighter

Employees Excluded

Volunteers, clerical, supervisory or administrative

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.


5-RC-257366

Date Filed

3/3/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Signature Theatre		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4200 Campbell Avenue, Arlington, VA 22206	
<b>3a. Employer Representative - Name and Title:</b> Jim Gross, Production Manager		<b>3b. Address (if same as 2b state same):</b> Same	
<b>3c. Tel. No.</b> (571) 527-1860	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Theater		<b>4b. Principal Product or Service</b> Performances	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attached. <b>Excluded:</b> See attached.		<b>5a. City and State where unit is located:</b> Arlington, VA	
<b>6a. Number of Employees in Unit:</b> 50		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ N/A _____ and Employer declined recognition on or about (Date) _____ N/A _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None.		<b>8b. Address:</b> N/A	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ N/A _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None.			
<b>10a. Name</b> N/A	<b>10b. Address</b> N/A	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> March 26, 2020		<b>11c. Election Time(s):</b> Before and/or after shift.	
<b>11d. Election Location(s):</b> Employer's facility.			
<b>12a. Full Name of Petitioner (including local name and number):</b> International Alliance of Theatrical and Stage Employees, Local 22		<b>12b. Address (street and number, city, State and ZIP code):</b> 1810 Hamlin Street, NE Washington, D.C. 20018	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Alliance of Theatrical and Stage Employees, AFL-CIO			
<b>12d. Tel. No.</b> (202) 269-0212	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Keith R. Bolek, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> O'Donoghue & O'Donoghue LLP, 5301 Wisconsin Ave., NW, Suite 800, Washington, D.C. 20015	
<b>13c. Tel. No.</b> (202) 362-0041	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> kbolek@odonoghuelaw.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Keith Bolek	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 3-3-20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942 43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



## ATTACHMENT

**Included:** All regular full-time, regular part-time and casual production employees including stagehand employees, costume employees, wardrobe employees and carpentry shop employees employed by the Employer at its facilities currently located at 4200 Campbell Avenue, Arlington, VA 22206;

**Excluded:** All other employees, office clerical employees, guards, managers and supervisors as defined by the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**


DO NOT WRITE IN THIS SPACE

Case No. 5-RC-257825

Date Filed  
3/11/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Alliance for Justice		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 11 Dupont Circle NW, Suite 500, Washington, DC 20036	
<b>3a. Employer Representative - Name and Title:</b> Nan Aron, President		<b>3b. Address (if same as 2b - state same):</b> (same)	
<b>3c. Tel. No.</b> (202) 822-6070	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Nan.Aron@afj.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> non-profit		<b>4b. Principal Product or Service</b> advocacy	
<b>5a. City and State where unit is located:</b> Washington, DC and California		<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full- and part-time employees <b>Excluded:</b> supervisors, managerial employees, confidential employees and guards defined in Act	
<b>6a. Number of Employees in Unit:</b> 22		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 3/11/20 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election: Manual election in Washington, DC; mail ballots for employees in California		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> March 26, 2020	<b>11c. Election Time(s):</b> 10:00am - Noon	<b>11d. Election Location(s):</b> Large Conference Room	
<b>12a. Full Name of Petitioner (including local name and number):</b> Washington-Baltimore News Guild, Local 32035		<b>12b. Address (street and number, city, State and ZIP code):</b> 1225 Eye Street NW, Washington, DC 20005	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> The News Guild - Communications Workers of America			
<b>12d. Tel. No.</b> (202) 785-3650 x15	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (202) 785-3659	<b>12g. E-Mail Address</b> bjett@wbng.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Robert E. Paul, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 1025 Connecticut Avenue NW, Suite 1000, Washington, DC 20036	
<b>13c. Tel. No.</b> (202) 857-5000	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (202) 327-5499	<b>13f. E-Mail Address</b> rpaul@robertepaul.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Robert E. Paul	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 3/11/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 05-RC-257868

Date Filed 03/11/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Akima, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
27410 Hot Patch Road, Quantico, VA 22134

3a. Employer Representative - Name and Title  
Chris Hansen, Senior Director of Labor Relations

3b. Address (If same as 2b - state same)  
2553 Dulles View Dr. Suite 700, Herndon, VA 20171

3c. Tel. No.  
571-353-7054

3d. Cell No.  
703-967-9357

3e. Fax No.

3f. E-Mail Address  
chris.hansen@akima.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Federal Office Building

4b. Principal product or service  
Custodial

5a. City and State where unit is located:  
Quantico, VA

5b. Description of Unit Involved  
Included: All Full-time and regular part-time Custodians employed by the employer at 27410 Hot Patch Rd, Quantico, VA 22134  
Excluded: All clerical employees, all managers, all guards and supervisors as defined by the Act.

6a. No. of Employees in Unit:  
5

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) 3/11/20 and Employer declined recognition on or about No Reply (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name  
None

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
4/13/20

11c. Election Time(s):  
US Mail

11d. Election Location(s):  
US Mail

12a. Full Name of Petitioner (including local name and number)  
International Union of Operating Engineers, Local 99

12b. Address (street and number, city, state, and ZIP code)  
9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Union of Operating Engineers

12d. Tel No.  
202-337-0099 Ext.123

12e. Cell No.  
202-744-9519

12f. Fax No.  
240-716-3956

12g. E-Mail Address  
kgraham@iuoelocal99.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Keith J. Graham/ Organizer

13b. Address (street and number, city, state, and ZIP code)  
9315 Largo Drive West, Suit 200 Upper Marlboro, MD 20774

13c. Tel No.  
202-337-0099 Ext.123

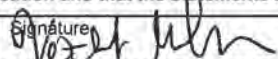
13d. Cell No.  
202-744-9519

13e. Fax No.  
240-716-3956

13f. E-Mail Address  
kgraham@iuoelocal99.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Keith J. Graham

Signature  


Title  
Organizer

Date  
3/11/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
5-RC-257876

Date Filed  
3/11/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer EMCOR Government Services		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) General Accounting Office 441 Gst. N.W. Washington, DC 20226	
3a. Employer Representative - Name and Title Paul Garcia- Sr. Manager, Industrial Relations		3b. Address (If same as 2b - state same) 2800 Crystal Drive, Suite 600 Arlington, VA 22202	
3c. Tel. No. 571-403-8890	3d. Cell No. 571-882-4694	3e. Fax No. 866-422-9847	3f. E-Mail Address pgarcia@emcor.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Federal Office Building		4b. Principal product or service Facilities Office of Logistics	5a. City and State where unit is located: Washington, D.C.
5b. Description of Unit Involved Included: All Full-time and Regular part-time Office of Logistics employees, to include furniture handlers. Employed by the employer at GAO, Washington, D.C. Excluded: All clerical employees, all managers, all guards and supervisors as defined by the Act.			6a. No. of Employees in Unit: 5 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 3/11/20 and Employer declined recognition on or about No Reply (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name None	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 4/16/20	11c. Election Time(s): 11:00 AM- 12 Noon	11d. Election Location(s): Employee Break Room SB45P	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
12a. Full Name of Petitioner (including local name and number) International Union of Operating Engineers, Local 99		12b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774	

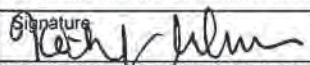
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)  
International Union of Operating Engineers

12d. Tel No. 202-337-0099 Ext.123	12e. Cell No. 202-744-9519	12f. Fax No. 240-716-3956	12g. E-Mail Address kgraham@iuoelocal99.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Keith J. Graham / Organizer		13b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774	
13c. Tel No. 202-337-0099 Ext.123	13d. Cell No. 202-744-9519	13e. Fax No. 240-716-3956	13f. E-Mail Address kgraham@iuoelocal99.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Keith J. Graham	Signature 	Title Organizer	Date 3/11/20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 5-RC-257895	Date Filed 3/11/20
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Akima, LLC	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Liberty Crossing, 1500 Tysons McLean Dr., McLean, VA 22192 ( Follin Lane South East Campus )
------------------------------------	---

3a. Employer Representative - Name and Title Chris Hansen - Senior Director of Labor Relations	3b. Address (If same as 2b - state same) 2553 Dulles View Dr. Suite 700, Herndon, VA 20171
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3c. Tel. No. 571-353-7054	3d. Cell No. 703-967-9357	3e. Fax No.	3f. E-Mail Address chris.hansen@akima.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) Federal Office Building	4b. Principal product or service Facilities Maintenance	5a. City and State where unit is located: McLean, VA
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5b. Description of Unit Involved <b>Included:</b> All Full-time and Regular part-time Critical Facilities Technicians employed by the employer at Liberty Crossing, 1500Tysons McLean, Dr., McLean, VA. 22192 ( Follin Lane South East Campus ) <b>Excluded:</b> All clerical employees, all managers, all guards and supervisors defined by the Act.	6a. No. of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 3/11/20 and Employer declined recognition on or about No Reply (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 4/16/20	11c. Election Time(s): US Mail	11d. Election Location(s): US Mail
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12a. Full Name of Petitioner (including local name and number) International Union of Operating Engineers, Local 99	12b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

International Union of Operating Engineers

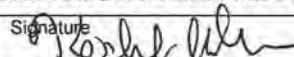
12d. Tel No. 202-337-0099 Ext.123	12e. Cell No. 202-744-9519	12f. Fax No. 240-716-3956	12g. E-Mail Address kgraham@iuoelocal99.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Keith J. Graham/ Organizer	13b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774
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13c. Tel No. 202-337-0099 Ext.123	13d. Cell No. 202-744-9519	13e. Fax No. 240-716-3956	13f. E-Mail Address kgraham@iuoelocal99.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Keith J. Graham	Signature 	Title Organizer	Date 3/11/20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


05-RC-257910

Date Filed

03/12/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Flynn Architectural Finishes LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2317 Kansas Ave Silver Spring, MD 20910	
3a. Employer Representative - Name and Title: Charles Parker - Business Representative		3b. Address (if same as 2b - state same): 4700 Boston Way Lanham, MD 20706	
3c. Tel. No. 301-918-0182 x116	3d. Cell No. 301-440-6667	3e. Fax No. 301-918-3177	3f. E-Mail Address csparker77@verizon.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Metal/Wood/Stone Refinishing Company		4b. Principal Product or Service Metal/Wood/Stone Refinishing	
5a. City and State where unit is located: Silver Spring, MD		5b. Description of Unit Involved: Included: Metal/Wood/Stone/Marble Refinishing Foreman, Technician, Helper Excluded: Supervisor/Management Office Staff	
6a. Number of Employees in Unit: 28		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s):		11c. Election Time(s):	
11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number): Charles Stephen Parker - IUPAT DC51 / LOCAL 890		12b. Address (street and number, city, State and ZIP code): 4700 Boston Way Lanham, MD 20706	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Painters & Allied Trades - District Council 51			
12d. Tel. No. 301-918-0182 x116	12e. Cell No. 301-440-6667	12f. Fax No. 301-918-3177	12g. E-Mail Address csparker77@verizon.net
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Charles Parker - Business Representative		13b. Address (street and number, city, State and ZIP code): 4700 Boston Way Lanham, MD 20706	
13c. Tel. No. 301-918-0182 x116	13d. Cell No. 301-440-6667	13e. Fax No. 301-440-3177	13f. E-Mail Address csparker77@verizon.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Charles Parker		Signature 	
Title Business Representative		Date 3/10/2020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>05-RC-258064</b>	Date Filed <b>3/16/2020</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Flynn Architectural Finishes LLC		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 2317 Kansas Ave., Silver Spring, MD 20910	
<b>3a. Employer Representative - Name and Title</b> Chris Flynn		<b>3b. Address</b> (If same as 2b - state same) Same	
<b>3c. Tel. No.</b> (301) 558-5700	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (301) 585-7726	<b>3f. E-Mail Address</b> info@flynnfinishes.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Metal/Wood/Stone Refinishing Company		<b>4b. Principal product or service</b> Metal/Wood/Stone Refinishing	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All metal, wood, stone, and marble refinishers, including all foreman, technicians, and helpers. <b>Excluded:</b> All other employees, including all office staff, supervisors, and managers.		<b>5a. City and State where unit is located:</b> Silver Spring, MD	
		<b>6a. No. of Employees in Unit:</b> 28	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> April 8	<b>11c. Election Time(s):</b> 2-4	<b>11d. Election Location(s):</b>
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**12a. Full Name of Petitioner (including local name and number)**  
International Union of Painters and Allied Trades District Council 51, Local 890

**12b. Address (street and number, city, state, and ZIP code)**  
4700 Boston Way, Lanham, MD 20706

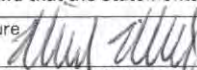
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union of Painters and Allied Trades, AFL-CIO

<b>12d. Tel No.</b> (301) 918-0182 ext. 116	<b>12e. Cell No.</b> (301) 440-6667	<b>12f. Fax No.</b> (301) 918-3177	<b>12g. E-Mail Address</b> csparker77@verizon.net
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Michael Melick, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> 1025 Connecticut Ave. Suite 1000, Washington, D.C. 20036	
<b>13c. Tel No.</b> (202) 293-9222	<b>13d. Cell No.</b> (443) 682-3867	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> mmelick@barrcamens.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Michael Melick	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 3/16/2020
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No

**5-RC-258395**

Date Filed

**3/25/20**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
**Elite Protective Services**

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
**11331 Amherst Ave., Silver Spring, MD 20902**

3a. Employer Representative - Name and Title  
**Elaine Pruitt**

3b. Address (If same as 2b - state same)

3c. Tel. No.  
**301.949.9716 x 21**

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
**ep Pruitt@elite.protective.com**

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
**Security**

4b. Principal product or service  
**Security Protection**

5a. City and State where unit is located:  
**Hyattsville, MD**

5b. Description of Unit Involved

Included: All full time and regular part time security officers performing work at FEMA, 6511 American Blvd., Hyattsville, MD.

Excluded: All other employees, including office clericals, corporals and sergeants, lieutenants, captains, and any other supervisors.

6a. No. of Employees in Unit:  
**14**

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **N/A** and Employer declined recognition on or about (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
**Security Police and Fire Professionals of America**

8b. Address  
**25510 Kelly Road, Roseville, MI 48066**

8c. Tel No  
**586.772.7250**

8d. Cell No.

8e. Fax No  
**586.772.9644**

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s)  
**April 17, 2020**

11c. Election Time(s)

11d. Election Location(s)

12a. Full Name of Petitioner (Including local name and number)  
**International Guards Union of America (IGUA)**

12b. Address (street and number, city, state, and ZIP code)  
**P.O. Box 6633, Oak Ridge, TN 37831**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

12d. Tel No  
**865.335.6800**

12e. Cell No.

12f. Fax No.

12g. E-Mail Address  
**(b) (6), (b) (7)(C)**

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
**Amanda Lively, Attorney**

13b. Address (street and number, city, state, and ZIP code)  
**16501 Ventura Blvd., Suite 304, Encino, CA 91436**

13c. Tel No  
**818-501-8030 x 326**

13d. Cell No.

13e. Fax No  
**818-501-5306**

13f. E-Mail Address  
**alively@wkclegal.com**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
**Amanda Lively**

Signature

Title  
**Attorney for IGUA**

Date  
**March 24, 2020**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
06-RC-257293

Date Filed  
3-2-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Carpenter Latrobe Specialty Metals		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 1680 Debence Dr. Franklin 16323	
<b>3a. Employer Representative - Name and Title</b> Robert Hicks		<b>3b. Address</b> (If same as 2b - state same) Same	
<b>3c. Tel. No.</b> (814) 432-8575	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (814) 437-4765	<b>3f. E-Mail Address</b> rhicks@cartech.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) factory		<b>4b. Principal product or service</b> produce steel bars	
		<b>5a. City and State where unit is located:</b> Franklin	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> Approximately 85
<b>Included:</b> All full-time and regular part-time production and maintenance employees at the Employer's facility in Franklin, PA <b>Excluded:</b> All temporary employees, office clerical and professional employees, guards, and supervisors as defined in the Act		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) by petition and Employer declined recognition on or about no reply (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
 (Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
 none

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> 3/19/20	<b>11c. Election Time(s):</b> 5 - 7 a.m. and 1 - 3 p.m.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
		<b>11d. Election Location(s):</b> main break room	

**12a. Full Name of Petitioner (including local name and number)**  
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC

**12b. Address (street and number, city, state, and ZIP code)**  
60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied & Industrial Service Workers International Union, AFL-CIO, CLC

<b>12d. Tel No.</b> (412) 562-2529	<b>12e. Cell No.</b> (412) 418-4333	<b>12f. Fax No.</b> (412) 562-2555	<b>12g. E-Mail Address</b> bmanzollilo@usw.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** Brad Manzollilo, USW Organizing Counsel

**13b. Address (street and number, city, state, and ZIP code)**  
60 Boulevard of the Allies, Five Gateway Center Room 913Pittsburgh, PA 15222

**13c. Tel No.** (412) 562-2529

**13d. Cell No.** (412) 418-4333

**13e. Fax No.** (412) 562-2555

**13f. E-Mail Address** bmanzollilo@usw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Brad Manzollilo	<b>Signature</b> <i>Brad Manzollilo</i>	<b>Title</b> Organizing Counsel	<b>Date</b> 3/2/20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



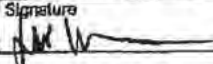
FORM NLRB-502 (RC)  
(2-19)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
06-RC-257382Date Filed  
3-3-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 5b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Twinbrook Healthcare & Rehabilitation Cnt		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3805 Field St, Erie, PA 16511	
3a. Employer Representative - Name and Title: Thomas Foster, Administrator		3b. Address (if same as 2b - state same): same as 2b	
3c. Tel. No. (814) 898-5600	3d. Cell No.	3e. Fax No. 814-265-1796	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Long Term Care Nursing Facility		4b. Principal Product or Service Long Term Care	5a. City and State where unit is located: Erie, PA
5b. Description of Unit Involved: Included: All full time and regular part time Licensed Practical Nurses (LPNs) Excluded: All other employees, including RNs, Professionals, Service + Maintenance, Supervisors and Guards, as defined by the Act		6a. Number of Employees in Unit: 18	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 3/3/20 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____		9i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) None			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: On site, multiple shift times		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 3/11/20	11c. Election Time(s): 6:15am-7:45am, 2pm-4:15pm, 630-730pm	11d. Election Location(s): In facility	
12a. Full Name of Petitioner (including local name and number): SEIU Healthcare Pennsylvania		12b. Address (street and number, city, State and ZIP code): 1500 N. 2nd Street, Harrisburg, PA 17102	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union			
12d. Tel. No. 717-238-3030	12e. Cell No. 717-775-9986	12f. Fax No. 717-238-8354	12g. E-Mail Address jesse.wilderman@seiuhcpa.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Jesse Wilderman, Secretary Treasurer		13b. Address (street and number, city, State and ZIP code): 1500 N 2nd Street, Harrisburg, PA, 17102	
13c. Tel. No. 717-775-9986	13d. Cell No. 717-775-9986	13e. Fax No. 717-238-8354	13f. E-Mail Address jesse.wilderman@seiuhopa.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Jesse Wilderman		Signature 	Title Secretary Treasurer
			Date 3/3/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



FORM NLRB-502 (RC)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

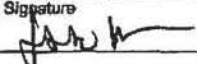
06-RC-257392

Date Filed

3-3-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Twinbrook Healthcare & Rehabilitation Cnt		<b>2b. Address(es) of Establishment(s) Involved</b> (Street and number, City, State, ZIP code): 3805 Field St, Erie, PA 16511	
<b>3a. Employer Representative - Name and Title:</b> Thomas Foster, Administrator		<b>3b. Address</b> (if same as 2b - state same): same as 2b	
<b>3c. Tel. No.</b> (814) 898-5600	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 814-265-1796	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Long Term Care Nursing Facility		<b>4b. Principal Product or Service</b> Long Term Care	<b>5a. City and State where unit is located:</b> Erie, PA
<b>5b. Description of Unit Involved:</b> Included: All full time and regular part time Service and Maintenance Employees Excluded: All other employees including professional employees, RNs, LPNs, Supervisors and Guards as defined by the Act		<b>5c. Number of Employees in Unit:</b> 70	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on</b> (Date) <u>3/3/20</u> <b>and Employer declined recognition</b> on or about (Date) (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (if none, so state) None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above.</b> (If none, so state) None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: On site, multiple shift times		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 3/11/20	<b>11c. Election Time(s):</b> 6:15am-7:45am, 2pm-4:15pm, 630-730pm	<b>11d. Election Location(s):</b> In facility	
<b>12a. Full Name of Petitioner</b> (including local name and number): SEIU Healthcare Pennsylvania		<b>12b. Address</b> (street and number, city, State and ZIP code): 1500 N. 2nd Street, Harrisburg, PA 17102	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state): Service Employees International Union			
<b>12d. Tel. No.</b> 717-238-3030	<b>12e. Cell No.</b> 717-775-9986	<b>12f. Fax No.</b> 717-238-8354	<b>12g. E-Mail Address</b> jesse.wilderman@seiuhcpa.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Jesse Wilderman, Secretary Treasurer		<b>13b. Address</b> (street and number, city, State and ZIP code): 1500 N 2nd Street, Harrisburg, PA, 17102	
<b>13c. Tel. No.</b> 717-775-9986	<b>13d. Cell No.</b> 717-775-9986	<b>13e. Fax No.</b> 717-238-8354	<b>13f. E-Mail Address</b> jesse.wilderman@seiuhcpa.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Jesse Wilderman	<b>Signature</b> 	<b>Title</b> Secretary Treasurer	<b>Date</b> 3/3/20

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-257435

Date Filed

3-4-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

NAES Corporation

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

2862 William Penn Avenue  
PA Johnstown 15909-

**3a. Employer Representative - Name and Title**

Robert Burchfield

**3b. Address (If same as 2b - state same)**

2862 William Penn Avenue  
PA Johnstown 15909-

**3c. Tel. No.**

(814) 924-0334

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

burchfield@cpvfairview.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Electric Utilities

**4b. Principal product or service**

Electrical Power generation

**5a. City and State where unit is located:**

Johnstown, PA

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**

17

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐**

**Check One:**



**7a. Request for recognition as Bargaining Representative was made on (Date) 03/04/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received**



**7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? No** If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
Three Weeks from today

**11c. Election Time(s):**  
any convenient times for workers

**11d. Election Location(s):**  
Plant

**12a. Full Name of Petitioner (including local name and number)**

Paul Cameron  
International Brotherhood of Electrical Workers, Local 459

**12b. Address (street and number, city, state, and ZIP code)**

408 Broadstreet  
PA Johnstown 15906-2717

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Electrical Workers, AFL-CIO

**12d. Tel No.**

(814) 535-7655

**12e. Cell No.**

**12f. Fax No.**

(814) 535-7657

**12g. E-Mail Address**

paulibew459@gmail.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Brian T Kadlubek Attorney  
Gilardi, Oliver & Lomupo

**13b. Address (street and number, city, state, and ZIP code)**  
The Benedum Trees Bldg., 10th Floor 223 Fourth Avenue  
PA Pittsburgh 15222-

**13c. Tel No.**

(412) 391-9770

**13d. Cell No.**

**13e. Fax No.**

(412) 391-9780

**13f. E-Mail Address**

btkadlubek@lawgol.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Brian T Kadlubek

**Signature**

Brian T. Kadlubek

**Title**

Attorney

**Date**

03/4/2020 10:41:46

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 06-RC-257435	Date Filed 3-4-20

**Employees Included**

All Production and Maintenance employees

**Employees Excluded**

All office, clerical, guards, professional employees and supervisors as defined by the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
06-RC-257937

Date Filed  
3-12-20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
General Cable

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
409 Reighard Ave Williamsport PA 17701

3a. Employer Representative - Name and Title  
Barry Hill

3b. Address (If same as 2b - state same)  
409 Reighard Ave Williamsport PA 17701

3c. Tel. No.  
(570) 326-3771

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
bhill@gencat.com  
(17701)

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Factory/Manufacturing

4b. Principal product or service  
Wire/Cable

5a. City and State where unit is located:  
Williamsport, PA

5b. Description of Unit Involved

**Included:** All full and part time regular employees in the Utility Laborer, Shipping, Material Handling, Shift Tech, Electrician, Maintenance, Drawing, Stranding, Cabling, Rigid Frame, Extruder, and West Mill Groups

**Excluded:** Managers, Supervisors, Coordinators and Guards as defined in the act

6a. No. of Employees in Unit:  
171

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_ (Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
April 6, 2020 & April 7, 2020

11c. Election Time(s):  
5:30AM-9:30AM & 5:30PM-9:30PM both days

11d. Election Location(s):  
Training Rooms 1, 2 & 3

12a. Full Name of Petitioner (including local name and number)  
International Brotherhood of Electrical Workers Local 812

12b. Address (street and number, city, state, and ZIP code)  
500 Jordan Ave, Montoursville, PA 17754

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Brotherhood Of Electrical Workers

12d. Tel No.  
518-703-2365

12e. Cell No.  
518-703-2365

12f. Fax No.

12g. E-Mail Address  
maria\_vooris@ibew.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Maria L. Vooris

13b. Address (street and number, city, state, and ZIP code)  
4 Clervue Terrace Rensselaer NY 12144

13c. Tel No.  
518-703-2365

13d. Cell No.  
518-703-2365

13e. Fax No.  
N/A

13f. E-Mail Address  
maria\_vooris@ibew.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Maria L. Vooris

Signature

Title  
International Lead Organizer

Date  
March 12, 2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

06-RC-258518

Date Filed

3/27/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Harborcreek Youth Services

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
5712 Iroquois Avenue, Harborcreek, PA 16421

**3a. Employer Representative - Name and Title:**  
John Petulla, CEO

**3b. Address (if same as 2b - state same):**  
Same

**3c. Tel. No.**  
814-899-7664

**3d. Cell No.**

**3e. Fax No.**  
814-899-3075

**3f. E-Mail Address**  
jpetulla@hys-erie.org

**4a. Type of Establishment (Factory, mine, wholesaler, etc.):**  
Child and Family Social Service Agency

**4b. Principal Product or Service**  
Social Services

**5a. City and State where unit is located:**  
Harborcreek, PA

**5b. Description of Unit Involved:**  
Included:  
Maintenance and Housekeeping  
Excluded:

**6a. Number of Employees in Unit:**  
7

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 2/27/2020 **and Employer declined recognition**  
on or about (Date) 2/27/2020 (If no reply received, so state).  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating?  
(Name of Labor Organization) has picketed the Employer since (Month, Day, Year)

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:  
Schedule the election two (2) weeks after filing of petition.

**11a. Election Type:**  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
March 31 - April 1, 2020

**11c. Election Time(s):**  
12 p.m. - 1 p.m.

**11d. Election Location(s):**  
Harborcreek Youth Services

**12a. Full Name of Petitioner (including local name and number):**  
John Thompson

**12b. Address (street and number, city, State and ZIP code):**  
One Gateway Center, Suite 1400, Pittsburgh, PA 15222

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
United Electrical, Radio and Machine Workers of America (UE)

**12d. Tel. No.**  
412-471-8919

**12e. Cell No.**  
724-630-0878

**12f. Fax No.**  
412-471-8999

**12g. E-Mail Address**  
john.thompson@ueunion.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
John Thompson, UE International Representative

**13b. Address (street and number, city, State and ZIP code):**  
One Gateway Center, Suite 1400, Pittsburgh, PA 15222

**13c. Tel. No.**  
412-471-8919

**13d. Cell No.**  
724-630-0878

**13e. Fax No.**  
412-471-8999

**13f. E-Mail Address**  
john.thompson@ueunion.org

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
John Thompson

**Signature**  
John Thompson

**Title**  
UE International Representative

**Date**  
3/18/2020

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

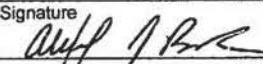
07-RC-257637

Date Filed

3-9-2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: <b>Douglas Mechanical, LLC</b>		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): <b>34133 Schoolcraft Rd., Suite 3, Livonia, Mi. 48150-1332</b>	
3a. Employer Representative - Name and Title: <b>Michael Butcher (Registered Agent)</b>		3b. Address (if same as 2b - state same): <b>Same</b>	
3c. Tel. No. <b>734-788-5241</b>	3d. Cell No. <b>313-749-9109</b>	3e. Fax No.	3f. E-Mail Address <b>Zach@Douglas-Mechanical.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Mechanical Contractor</b>		4b. Principal Product or Service <b>HVAC</b>	
5a. City and State where unit is located: <b>Livonia, Michigan</b>		5b. Description of Unit Involved: <b>Included: HVAC Workers, Full Time and Part Time out of Employers Facility</b> <b>Excluded: Plumbers, Guards, Supervisors and Clerical Workers</b>	
6a. Number of Employees in Unit: <b>7</b>		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) <b>None</b>		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification:	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		9. Is there now a strike or picketing at the Employer's establishment(s) involved? <b>NO</b> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____	
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) <b>None</b>			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			
11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): <b>April 1, 2020</b>		11c. Election Time(s): <b>Mail</b>	
11d. Election Location(s): <b>Mail</b>			
12a. Full Name of Petitioner (including local name and number): <b>Sheet Metal Air Rail and Transportation Workers Local No. 80</b>		12b. Address (street and number, city, State and ZIP code): <b>17100 West 12 mile Road, 2nd floor Southfield, Mi. 48076</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): <b>International Association of Sheet Metal, Air, Rail and Transportation Workers</b>			
12d. Tel. No. <b>248-557-7575</b>	12e. Cell No. <b>586-559-9099</b>	12f. Fax No. <b>248-557-0297</b>	12g. E-Mail Address <b>abrzuszek@smw80.org</b>
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: <b>Doug Korney, Counsel</b>		13b. Address (street and number, city, State and ZIP code): <b>32300 Northwestern Highway, Suite 200 Farmington Hills, Mi. 48334-1567</b>	
13c. Tel. No. <b>248-865-9214</b>	13d. Cell No.	13e. Fax No. <b>248-865-9218</b>	13f. E-Mail Address
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) <b>Alexander J. Brzuszek</b>		Signature 	
Title <b>Organizer</b>		Date <b>3-9-2020</b>	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

**DO NOT WRITE IN THIS SPACE**  
Case No. 07-RC-257674 Date Filed March 9, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

Live Nation Worldwide, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
2000 W Loop S Ste 1300  
TX Houston 77027-

**3a. Employer Representative - Name and Title**

Sue Barsoum

**3b. Address (If same as 2b - state same)**  
11 Ottawa Ave NW  
MI Grand Rapids 49503-

**3c. Tel. No.**

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
suebarsoum@livenation.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Others

**4b. Principal product or service**  
Concert and Entertainment

**5a. City and State where unit is located:**  
Grand Rapids, MI

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**  
40

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Excluded:** See Attached Page 2 for additional details

**Check One:** ☐ **7a. Request for recognition as Bargaining Representative was made on (Date)** \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☒ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_ (Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
March 25

**11c. Election Time(s):**  
10:00am - 10:00pm

**11d. Election Location(s):**  
11 Ottawa NW Grand Rapids, MI

**12a. Full Name of Petitioner (including local name and number)**

**12b. Address (street and number, city, state, and ZIP code)**  
931 Bridge St NW  
MI Grand Rapids 49504-

Stasia Savage  
International Alliance of Theatrical Stage Employees, Local 26

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada.

**12d. Tel No.**

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
ssavage@latse26.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

Michael Fayette  
Pinsky, Smith, Fayette and Kennedy, LLP

**13b. Address (street and number, city, state, and ZIP code)**  
146 Monroe Center Suite 805  
MI Grand Rapids 49504-

**13c. Tel No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**  
mfayette@psfkiaw.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Stasia Savage

**Signature**

Stasia Savage

**Title**

President

**Date**

03/5/2020 13:52:00

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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102# 1-2690328041

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

All full-time, part-time and on-call stagehands employed by LiveNation that are performing traditional stage related work.

**Employees Excluded**

To be excluded are guards, security, clerical, supervisors, managers, production assistants and runners.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
07-RC-258307

Date Filed  
3-23-2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Ascension Providence Hospital		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 16001 West Nine Mile Rd. MI Sou hfield 48075-	
<b>3a. Employer Representative - Name and Title</b> Cindy Noble		<b>3b. Address</b> (If same as 2b - state same) 2400 York Mount Road NC Charlotte 28217-	
<b>3c. Tel. No.</b> (704) 328-4000	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> hrrservicecenter@compassusa.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc ) Healthcare Facilities		<b>4b. Principal product or service</b> Hospital	
<b>5a. City and State where unit is located:</b> Southfield, MI			<b>5b. Description of Unit Involved</b>
<b>Included:</b> See Attached Page 2 for additional details			<b>6a. No. of Employees in Unit:</b> 75
<b>Excluded:</b> See Attached Page 2 for additional details			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> April 6, 2020	<b>11c. Election Time(s):</b> 4 p.m.	<b>11d. Election Location(s):</b> Mail Ballot
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**12a. Full Name of Petitioner (including local name and number)**  
Reno Thompson  
Michigan AFSCME Council 25

<b>12b. Address</b> (street and number, city, state, and ZIP code) 7700 Second Ave. Suite #314 MI Detroit 48202-	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) AFL-CIO	

<b>12d. Tel No.</b> (313) 964-1711	<b>12e. Cell No.</b> (313) 477-8044	<b>12f. Fax No.</b> (313) 964-0230	<b>12g. E-Mail Address</b> rthompson@miafscme.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address</b> (street and number, city, state, and ZIP code)	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Reno Thompson	<b>Signature</b> Reno Thompson	<b>Title</b> Organizer	<b>Date</b> 03/23/2020 10:04:56
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
07-RC-258307	3-23-3030

Employees Included  
EVS/Housekeepers, Housekeeper Aids and Floor Techs

Employees Excluded  
Supervisors and all others definted by the Act.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

Case No. 07-RD-257830 Date Filed March 10, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Rieth-Riley Construction Co., Inc.	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 3626 Elkhart Rd, PO Box 477 Goshen, IN 46526		
3a. Employer Representative - Name and Title Chad Loney, Regional Vice President	3b. Address (If same as 2b - state name) 2100 Chicago Dr SW, Wyoming, MI 49519		
3c. Tel. No. 616-248-0920	3d. Fax No. 616-248-0928	3e. Cell No. 616-262-0029	3f. E-Mail Address cloney@rieth-riley.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Asphalt paving and production, excavating, road building	4b. Principal product or service Asphalt paving and production
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5a. Description of Unit Involved Included: All full and regular part-time asphalt plant employees, paving and grading employees in Michigan  Excluded: Guards and Supervisors	5b. City and State where unit is located: various locations throughout Michigan
--	--

6. No. of Employees in Unit 161	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------	--

8a. Name of Recognized or Certified Bargaining Agent International Union of Operating Engineers, Local 324	8b. Affiliation, if any
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8c. Address 500 Hulet Drive Bloomfield Township, MI 48302	8d. Tel. No. 248-451-0324	8e. Cell No.
	8f. Fax No. 248-454-1766	8g. E-Mail Address

9. Date of Recognition or Certification 11/02/1993	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 5/31/2018
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11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11b. If so, approximately how many employees are participating? 12
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11c. The Employer has been picketed by or on behalf of (Insert Name) International Union of Operating Engineers, Local 324 a labor organization, of (Insert Address) 500 Hulet Drive, Bloomfield Township, MI 48302 since (Month, Day, Year) 8/1/2019
---

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name None	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Decertification	13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s) 4/16/2020 4/17/2020	13c. Election Time(s) 4:30 to 6:30 pm	13d. Election Location(s) Petoskey, Lansing, Grand Rapids, Kalamazoo
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14. Full Name of Petitioner

(b) (6), (b) (7)(C)

14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)	14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
	14d. Cell No. (b) (6), (b) (7)(C)	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any Employee/Member

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name	15b. Title	
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.	15e. Fax No.
	15f. Cell No.	15g. E-Mail Address

I declare that I have read the above petition and its contents and believe the facts stated therein to be true to the best of my knowledge and belief.

Name (Print) (b) (6), (b) (7)(C)	Title	Date Filed 3/10/2020
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WILLFUL FALSE STATEMENT

AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
08-RC-257236	3/2/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-605); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: <b>SKYLIFT</b>	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): <b>3000 Leavitt Road Unit #6 Lorain, Ohio 44052</b>
3a. Employer Representative - Name and Title: <b>Mike Naughton- COO, CFO</b>	3b. Address (if same as 2b - state same): <b>same</b>

3c. Tel. No. <b>440-960-2100</b>	3d. Cell No. <b>216-469-2824</b> <b>6780</b>	3e. Fax No. <b>440-960-2104</b>	3f. E-Mail Address <b>mike@skyliftus.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Factory</b>		4b. Principal Product or Service <b>casement specialty machinery</b>	4c. City and State where unit is located: <b>Lorain, Ohio</b>
5a. Description of Unit Involved: Included: <b>All hourly Production, Shipping/Receiving and Trades employees</b> Excluded: <b>All Managers, Supervisors, Office personnel and security as defined by the Act</b>		5b. Number of Employees in Unit: <b>50</b>	
5c. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **2-29-2020** and Employer declined recognition on or about (Date) **NO REPLY** (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) <b>none</b>	8b. Address:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** ☒ If so, approximately how many employees are participating? **\_\_\_\_\_** has picketed the Employer since (Month, Day, Year) **\_\_\_\_\_**  
(Name of Labor Organization)

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)

10a. Name <b>none</b>	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:  
**Self release to vote**

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): <b>03/20/2020</b>	11c. Election Time(s): <b>9:00am until 10:30am</b>	11d. Election Location(s): <b>meeting room in shop area</b>
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12a. Full Name of Petitioner (including local name and number): <b>Christopher Viscomi UAW Region 2B</b>	12b. Address (street and number, city, State and ZIP code): <b>1691 Woodlands Drive Maumee, Ohio 43537</b>
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
**International Union, United Automobile, Aerospace & Agricultural Implement Workers of America, UAW**

12d. Tel. No. <b>440-623-3322</b>	12e. Cell No. <b>440-623-3322</b>	12f. Fax No. <b>n/a</b>	12g. E-Mail Address <b>cviscomi@uaw.net</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:	13b. Address (street and number, city, State and ZIP code):
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13c. Tel. No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Cchristopher Viscomi</b>	Signature <i>Christopher Viscomi</i>	Title <b>International Servicing Rep.</b>	Date <b>2/28/2020</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



FORM NLRB-502 (RC)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

08-RC-257944

Date Filed

3/12/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
SIFCO INDUSTRIES, INC., FORGE GROUP

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
970 East 64th Street, Cleveland, Ohio 44103

**3a. Employer Representative - Name and Title:**  
Tania Zaripheh, DHR

**3b. Address (if same as 2b - state same):**  
SAME

**3c. Tel. No.**  
216-881-8600

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
tzaripheh@sifco.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Factory

**4b. Principal Product or Service**  
Forge Shop

**5a. City and State where unit is located:**  
Cleveland, Ohio

**5b. Description of Unit Involved:**

**Included:**  
all the factory employees (referred to as the Main Bargaining Unit)

**Excluded:**  
all guards, supervisors, clerks and employees covered by other CBAs

**6a. Number of Employees in Unit:**  
97

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state):**  
Int'l Assoc. of Machinists and Aerospace Workers, District No. 54, Lodge 439 (\*disclaimed interest)

**8b. Address:**  
P.O. Box 61, Nova, Ohio 44859  
P.O. Box 27, Dennison, Ohio 44621

**8c. Tel. No.**  
614-239-0401

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**  
54@dl54.com

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** 05/15/2020

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
Int'l Assoc. of Machinists and Aerospace Workers, District No. 54, Lodge 439 (\*disclaimed interest)

**10a. Name**  
Int'l Assoc. of Machinists and Aerospace Workers, District No. 54, Lodge 439

**10b. Address**  
P.O. Box 61, Nova, Ohio 44859  
P.O. Box 27, Dennison, Ohio 44621

**10c. Tel. No.**  
614-239-0401

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**  
54@dl54.com

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:

**11a. Election Type:**  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
March 26, 2020

**11c. Election Time(s):**  
1:00 PM-3:00 PM and 9:30PM-11:30PM

**11d. Election Location(s):**  
Employee Break Room

**12a. Full Name of Petitioner (including local name and number):**  
International Brotherhood of Boilermakers

**12b. Address (street and number, city, State and ZIP code):**  
753 State Ave., Ste. 570, Kansas City, Kansas 66101

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**

**12d. Tel. No.**

**12e. Cell No.**  
765-243-1963

**12f. Fax No.**

**12g. E-Mail Address**  
jmauller@boilermakers.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Mr. Jody Mauller, GLOC ISO

**13b. Address (street and number, city, State and ZIP code):**  
753 State Ave., Ste. 570, Kansas City, Kansas 66101

**13c. Tel. No.**

**13d. Cell No.**  
765-243-1963

**13e. Fax No.**

**13f. E-Mail Address**  
jmauller@boilermakers.org

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
Jody Mauller

**Signature**

Jody L Mauller

**Title**  
GLOC ISO

**Date**  
3/12/2020

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**CONFIDENTIALITY STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No 08-RC-258375	Date Filed 3/24/20
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Lyon Video, Inc. / Video Crew Service, LLC, a single employer	2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 2091 Arlingate Ln., Columbus, Ohio 43228-4113
3a. Employer Representative - Name and Title Chad Snyder, President; Stacia Fritchie; Josh Glenn	3b. Address (if same as 2b - state same) Same as 2b.
3c. Tel. No. 614-297-0001	3d. Cell No.
3e. Fax No.	3f. E-Mail Address chad@lyonvideo.com; stacia@lyonvideo.com; josh@lyonvideo.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Mobile television broadcasting / event crewing	4b. Principal product or service Sports telecasts	5a. City and State where unit is located. Cleveland, Ohio
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5b. Description of Unit Involved Included: See attachment Excluded: See attachment	6a. No. of Employees in Unit: 105	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 03/09/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). no reply  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). none	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
none

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): Mail ballots dispatched 04/06/2020;	11c. Election Time(s): Ballots commingled and counted 04/24/2020	11d. Election Location(s): mail ballots [see 11b & 11c]
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12a. Full Name of Petitioner (including local name and number) International Alliance of Theatrical Stage Employees, AFL-CIO (IATSE)	12b. Address (street and number, city, state, and ZIP code) 207 West 25th Street, 4th Floor, NY NY 10001
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, Its Territories and Canada, AFL-CIO

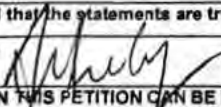
12d. Tel No. 212-730-1770	12e. Cell No. 917-499-9012	12f. Fax No. 212-730-7809	12g. E-Mail Address ahealy@iatse.net
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Adrian D. Healy, Associate Counsel	13b. Address (street and number, city, state, and ZIP code) 207 West 25th Street, 4th Floor, NY, NY 10001
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13c. Tel No. 212-730-1770	13d. Cell No.	13e. Fax No. 212-730-7809	13f. E-Mail Address ahealy@iatse.net
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Adrian D. Healy	Signature 	Title Associate Counsel	Date March 24, 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



ATTACHMENT  
NLRB Form 502 (RC)  
Lyon Video, Inc. / Video Crew Service, LLC, a single employer

INCLUDED:

All freelance broadcast technicians, including Technical Directors (TD), Audio Mixers (A1), Audio Assistants (A2), Video Technicians (V1), Assistant Video Technicians (V2), Graphics Operators, Graphic Coordinators, Font Coordinators, Camera Operators (jib, stationary, mobile, and remotely operated cameras), Capture/Playback Operators (Videotape Operators [VTR], Digital Recording Device Operators [DDR], EVS Technicians, ERO Technicians), Score Box (Fox Box) Operators, Utility Technicians, Stage Managers, Statisticians [Stats Technicians], Phone ADs, and others in similar technical positions performing work, including pre-production, production and post-production work in connection with the telecasting of events at remote locations in Cuyahoga County, Ohio.

EXCLUDED:

All other employees, office clerical employees, and guards, professional employees and supervisors as defined in the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RD PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 08-RD-257467	Date Filed 3/5/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> THE DOVER TANK AND PLATE COMPANY	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 5725 Crown Rd NW, Dover, OH 44622-9649
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<b>3a. Employer Representative - Name and Title</b> LUKE LAWLESS	<b>3b. Address (if same as 2b - state same)</b> SAME AS ABOVE
---	--

<b>3c. Tel. No.</b> (330)343-4443	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Factory	<b>4b. Principal product or service</b> Structural Steel Fabricating	<b>5a. City and State where unit is located:</b> Dover, OH
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time and regular part-time production and maintenance employees. <b>Excluded:</b> office clerical employees, professional employees, guards and supervisors as defined in the Act.	<b>6a. No. of Employees in Unit:</b> 16 <b>6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [ X ] No [ ]</b>
--	---

**Check One:** ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> International Brotherhood of Boilermakers Local 744	<b>8b. Address</b> 1435 E 13th St, Cleveland, OH 44114-1887
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<b>8c. Tel No.</b> (216) 241-2085	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> May 31, 2020
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b> International Brotherhood of Boilermakers Local 744	<b>10b. Address</b> 1435 E 13th St, Cleveland, OH 44114-1887	<b>10c. Tel. No.</b> (216) 241-2085	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> March 26, 2020	<b>11c. Election Time(s):</b> 5:30 AM to 6:30 AM
	<b>11d. Election Location(s):</b> Employee breakroom

<b>12a. Full Name of Petitioner</b> (b) (6), (b) (7)(C)	<b>12b. Address (street and number, city, state, and ZIP code)</b> (b) (6), (b) (7)(C)
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

<b>12d. Tel No.</b>	<b>12e. Cell No.</b> (b) (6), (b) (7)(C)	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> (b) (6), (b) (7)(C)
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> (b) (6), (b) (7)(C)	<b>13b. Address (street and number, city, state, and ZIP code)</b> SAME AS ABOVE
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<b>13c. Tel No.</b> SAME AS ABOVE	<b>13d. Cell No.</b> SAME AS ABOVE	<b>13e. Fax No.</b> SAME AS ABOVE	<b>13f. E-Mail Address</b> SAME AS ABOVE
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> (b) (6), (b) (7)(C)	<b>Title</b> (b) (6), (b) (7)(C)	<b>Date</b> 2-19-20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)



FORM NLRB-502 (RD)  
(4-15)UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

RD PETITION



DO NOT WRITE IN THIS SPACE

Case No.

08-RD-257948

Date Filed

3/13/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Scioto Services LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 405 S Oak St. Marysville, OH 43040	
<b>3a. Employer Representative - Name and Title</b> Matt Gloor, Site Supervisor		<b>3b. Address (if same as 2b - state same)</b> 539 S Main St. Findlay, OH 45840	
<b>3c. Tel. No.</b> (419)280-9342	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Cleaning company		<b>4b. Principal product or service</b> Provides industrial cleaning services	
<b>5b. Description of Unit Involved</b>  <b>Included:</b> All janitorial/cleaning services employees  <b>Excluded:</b> Office clerical employees, professional employees, guards and supervisors as defined in the National Labor Relations Act.		<b>5a. City and State where unit is located:</b> Findlay, OH	
		<b>6a. No. of Employees in Unit:</b>	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes [ X ] No</b>	

**Check One:** ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> United Food and Commercial Workers Union, Local 75		<b>8b. Address</b> 7441 International Dr., Holland, OH 43528	
<b>8c. Tel No.</b> (419)913-9664	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> (419)865-8674	<b>8f. E-Mail Address</b> info@ufcw75.org
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 6/27/20

**9.** Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ **No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10.** Organizations or individuals other than those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Wednesday April 15, 2020	<b>11c. Election Time(s):</b> 1430 - 1630	<b>11d. Election Location(s):</b> Off Site / Findlay Inn	

<b>12a. Full Name of Petitioner</b> (b) (6), (b) (7)(C)	<b>12b. Address (street and number, city, state, and ZIP code)</b> (b) (6), (b) (7)(C)
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b>	

<b>12d. Tel No.</b>	<b>12e. Cell No.</b> (b) (6), (b) (7)(C)	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> (b) (6), (b) (7)(C)
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> (b) (6), (b) (7)(C)		<b>13b. Address (street and number, city, state, and ZIP code)</b> (b) (6), (b) (7)(C)	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b> (b) (6), (b) (7)(C)	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> (b) (6), (b) (7)(C)

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> (b) (6), (b) (7)(C)	<b>S</b> (b) (6), (b) (7)(C)	<b>Title</b> Petitioner	<b>Date</b> 12 Mar 2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

(b) (6), (b) (7)(C)

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
09-RC-257491

Date Filed  
March 5, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Quickway Carriers		2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) 2827 S. English Station Rd. KY Louisville 40299	
3a. Employer Representative - Name and Title Kerrie Evola		3b. Address (if same as 2b - state same) 2827 S. English Station Rd. KY Louisville 40299	
3c. Tel. No. (502) 708-1300	3d. Cell No.	3e. Fax No. (502) 708-1320	3f. E-Mail Address kerrie@quickwaycarriers.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Trucking		4b. Principal product or service grocery	5a. City and State where unit is located: Louisville, KY

5b. Description of Unit Involved <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		6a. No. of Employees in Unit: 77
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 01/22/2020 and Employer declined recognition on or about 01/23/2020 (Date) (if no reply received, so state). Yes  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 27, 2020	11c. Election Time(s): 4am to 8pm	11d. Election Location(s): Quickway utility room	

12a. Full Name of Petitioner (including local name and number) Bryan Trafford Teamsters Local 89	12b. Address (street and number, city, state, and ZIP code) 3813 Taylor Blvd KY Louisville 40215
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Brotherhood of Teamsters

12d. Tel No. (706) 564-7002	12e. Cell No.	12f. Fax No. (502) 366-2009	12g. E-Mail Address btrafford@teamsters89.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
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13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Bryan Trafford	Signature Bryan Trafford	Title Organizer	Date 03/5/2020 09:55:10
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
09-RC-257491	March 5, 2020

**Employees Included**

all full time drivers, part time drivers, and dispatchers

**Employees Excluded**

all office clerical employees, temporary employees, professional employees, guards, and supervisors as defined in the act

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

09-RC-258309

Date Filed

3-23-2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> LDRM, LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2553 Dulles View Drive Suite 700 VA Herndon 20171-	
<b>3a. Employer Representative - Name and Title</b> Ladonna Lainhart		<b>3b. Address (If same as 2b - state same)</b> 2553 Dulles View Drive Suite 700 VA Herndon 20171-	
<b>3c. Tel. No.</b> (606) 524-2303	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> ladonna.lainhart@ldrmllc.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Services		<b>4b. Principal product or service</b> Consular Center Support Services	
<b>4c. City and State where unit is located:</b> Williamsburg, KY			

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 388
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 03/23/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> April 6, 2020	<b>11c. Election Time(s):</b> n/a	<b>11d. Election Location(s):</b> n/a
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<b>12a. Full Name of Petitioner (including local name and number)</b> Mark Meinster United Electrical, Radio and Machine Workers of America (UE)	<b>12b. Address (street and number, city, state, and ZIP code)</b> 37 S. Ashland Ave IL Chicago 60607-
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
United Electrical, Radio and Machine Workers of America (UE)

<b>12d. Tel No.</b> (773) 405-3022	<b>12e. Cell No.</b> (773) 405-3022	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> mark.meinster@ueunion.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Mark Meinster	<b>Signature</b> Mark Meinster	<b>Title</b> International Representative	<b>Date</b> 03/23/2020 10:49:33
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case 09-RC-258309	Date Filed 3-23-2020

**Employees Included**

All full-time and regular part-time hourly employees of the employer working at the Kentucky Consular Center, 3505 Highway 25, Williamsburg, KY.

**Employees Excluded**

Professional employees, managerial employees, guards and supervisors as defined by the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RM PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
09-RM-258504

Date Filed  
3-27-2020

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.**

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** – One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

**2a. Name of Employer/Petitioner**  
New Lebanon SNF, LLC d/b/a SKLD New Lebanon

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
101 Mills Place  
OH New Lebanon 45345-

**3a. Employer/Petitioner Representative – Name and Title**  
Janice Ferris Administrator

**3b. Address (If same as 2b – state same)**  
101 Mills Place  
OH New Lebanon 45345-

**3c. Tel. No.**  
(937) 687-1311

**3d. Cell No.**  
(937) 389-9358

**3e. Fax No.**  
(937) 687-3991

**3f. E-Mail Address**  
JFerris@illuminate-hc.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Healthcare

**4b. Principal product or service**  
Nursing Home/Long Term Care

**5a. Description of Unit Involved**  
**Included:** See Attached Page 2 for additional details  
**Excluded:** See Attached Page 2 for additional details

**5b. City and State where unit is located:**  
New Lebanon, OH

**6. No. of Employees in Unit:**  
58

*Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable*

**7a.** ☐ A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_

**7b.** ☒ The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

**8a. Recognized or Certified Bargaining Agent - Name** Carol Walters  
SEIU/District 1199 WV/KY/OH The Health Care and Social Service Union CTW CLC

**8b. Affiliation, if any**  
Service Employees International Union (SEIU)

**8c. Address**  
1395 Dublin Road  
OH Columbus 43215-

**8d. Tel. No.**  
(614) 461-1198

**8e. Cell No.**  
(740) 709-9004

**8f. Fax No.**  
(614) 461-1549

**8g. E-Mail Address**  
cwalters@seiu1199.org

**9. Date of Recognition or Certification**

**10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
06/30/2020

**11. Is there now a strike or picketing at the Employer's establishment(s) involved?** No ☐ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)**

**12a. Name and affiliation if any**

**12b. Address**

**12c. Tel. No.**

**12d. Cell No.**

**12e. Fax No.**

**12f. E-Mail Address**

**13. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**13a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**13b. Election Date(s):**  
May 1, 2020

**13c. Election Time(s):**  
1:00 p.m. - 2:30 p.m. and 6:30 p.m. - 8:30 p.m.

**13d. Election Location(s):**  
Employee Break Room

**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**14a. Name and Title** Robert C Pivonka Counsel  
Rolf Goffman Martin Lang LLP

**14b. Address (street and number, city, state, and ZIP code)**  
30100 Chagrin Boulevard Suite 350  
OH Cleveland 44124-

**14c. Tel. No.**  
(216) 682-2109

**14d. Cell No.**  
(216) 401-2827

**14e. Fax No.**  
(216) 682-2109

**14f. E-Mail Address**  
Pivonka@RolfLaw.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
Robert C Pivonka

**Signature**  
Robert C Pivonka

**Title**  
Counsel

**Date**  
03/27/2020 12:44:18

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case 09-RM-258504	Date Filed 3-27-2020

#### Employees Included

STNAs, Nursing Assistants, Rehabilitation Aides, Restorative Aides, Central Supply Clerks, Dietary Aides, Cooks, Housekeeping, Floor Care, Laundry, Activities Assistants, Maintenance Assistant and specified named Receptionist

#### Employees Excluded

RNs, LPNs, Confidential Employees, Business and Office Clerical, Receptionists, Beauticians, Schedulers, Guards and Supervisors

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

10-RC-257531

Date Filed

03/06/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Appalachian Power Company		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 4600 Newbern Rd VA Pulaski 24301-	
<b>3a. Employer Representative - Name and Title</b> Jaime Beckelhimer		<b>3b. Address</b> (If same as 2b - state same) 500 Lee St East WV Charleston 25301-	
<b>3c. Tel. No.</b> (304) 348-4163	<b>3d. Cell No.</b> (304) 552-7517	<b>3e. Fax No.</b> (304) 348-4159	<b>3f. E-Mail Address</b> jbeckelhimer@aep.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Utilities		<b>4b. Principal product or service</b> Electricity distribution and service.	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5a. City and State where unit is located:</b> Pulaski, VA	
		<b>6a. No. of Employees in Unit:</b> 7	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 03/26/2020	<b>11c. Election Time(s):</b> 7:00 AM to 7:30 AM	<b>11d. Election Location(s):</b> Appalachian Power 4600 Newbern Rd, Pulaski, VA 24301 at an appropriate location	

<b>12a. Full Name of Petitioner (including local name and number)</b> DALE MCCRAY LOCAL UNION 978, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO		<b>12b. Address (street and number, city, state, and ZIP code)</b> 25049 VETERANS MEM HWY WV TERRA ALTA 26764-	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO			

<b>12d. Tel No.</b> (304) 841-2140	<b>12e. Cell No.</b> (304) 841-2140	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> dale_mccray@ibew.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> DALE MCCRAY	<b>Signature</b> Dale McCray	<b>Title</b> LEAD ORGANIZER	<b>Date</b> 03/6/2020 08:46:06
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case 10-RC-257531	Date Filed 03/06/2020

#### Employees Included

All full-time and part-time Line Mechanics and Line Servicer employees employed by the Employer at its Pulaski, VA facility.

#### Employees Excluded

All other employees, office clerical employees, confidential employees, managers, and all professional employees, guards and supervisors as defined in the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **10-RC-257615** Date Filed **03-06-2020**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer** Mission Hospital **2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)** 509 Biltmore Ave, Asheville, NC 28801; 428 Biltmore Ave., Asheville, NC 28801

**3a. Employer Representative - Name and Title** Chad Patrick, CEO **3b. Address (If same as 2b - state same)** 509 Biltmore Ave, Asheville, NC 28801

**3c. Tel. No.** (828) 213-1111 **3d. Cell No.** **3e. Fax No.** (828)213-1151 **3f. E-Mail Address** chad.patrick@hcahealthcare.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Acute Care Hospital **4b. Principal product or service** Healthcare **5a. City and State where unit is located:** Asheville, North Carolina

**5b. Description of Unit Involved**  
**Included:** See Attachment A  
**Excluded:** See Attachment A  
**6a. No. of Employees in Unit:** 1600  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ **7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).** None **8b. Address**

**8c. Tel. No.** **8d. Cell No.** **8e. Fax No.** **8f. E-Mail Address**

**8g. Affiliation, if any** **8h. Date of Recognition or Certification** **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_**  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

**10a. Name** **10b. Address** **10c. Tel. No.** **10d. Cell No.**  
**10e. Fax No.** **10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):** March 16, 2020 **11c. Election Time(s):** 6am-9am; 12pm-2pm; 6pm-9pm **11d. Election Location(s):** Old Cafeteria - 509 Biltmore Ave.

**12a. Full Name of Petitioner (including local name and number)** National Nurses Organizing Committee-North Carolina/National Nurses United **12b. Address (street and number, city, state, and ZIP code)** 155 Grand Ave., Oakland, CA 94612

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)** American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)

**12d. Tel. No.** 510-273-2200 **12e. Cell No.** **12f. Fax No.** 510-663-4822 **12g. E-Mail Address**

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** Anthony J. Tucci, Legal Counsel **13b. Address (street and number, city, state, and ZIP code)** 155 Grand Ave., Oakland, CA 94612  
**13c. Tel. No.** **13d. Cell No.** **13e. Fax No.** 510-663-4822 **13f. E-Mail Address** atucci@nationalnursesunited.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)** Anthony J. Tucci **Signature**  **Title** Legal Counsel **Date** March 6, 2020

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



## **Attachment A**

### **RC Petition Mission Hospital**

**by National Nurses Organizing Committee-North Carolina/National Nurses United  
(NNOC-North Carolina/NNU)**

#### **5. Unit Involved**

##### **Included:**

All full-time, regular part-time, and per diem Registered Nurses, employed by the Employer at its facility located at 509 Biltmore Ave., Asheville, NC 28801 and 428 Biltmore Ave., Asheville, NC 28801.

##### **Excluded:**

All other employees, guards, supervisors and other professional employees as defined in the Act.

**Eligibility date** is pay period ending Saturday, February 29, 2020.

Per diem nurses are eligible to vote if they have regularly averaged four hours or more per week in the 13 weeks before February 29, 2020, eligibility date. *Davison-Paxon Co.*, 185 N.L.R.B. 21 (1970).

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
10-RC-257846	March 11, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> Allied Universal		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 86 South Cobb Dr., Marietta, GA 30060	
<b>3a. Employer Representative - Name and Title</b> David Chapla, VP labor Relations		<b>3b. Address (If same as 2b - state same)</b> 161 Washington St., Suite 600, Conshohocken, PA 19428	
<b>3c. Tel. No.</b> 484-351-1418	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 484-351-1419	<b>3f. E-Mail Address</b> david.chapla@aus.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Production Facility		<b>4b. Principal product or service</b> Aircraft Production	<b>5a. City and State where unit is located:</b> Marietta, GA
<b>5b. Description of Unit Involved</b> <b>Included:</b> ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS, LEAD OFFICERS AND CAPTAINS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY ALLIED UNIVERSAL @ 86 SOUTH COBB DR., MARIETTA, GA <b>Excluded:</b> ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.			<b>6a. No. of Employees in Unit:</b> 70 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <b>NO</b> <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> NONE		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <b>NO</b> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> NONE			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 4/3/2020	<b>11c. Election Time(s):</b> 5:00-7:00 AM & 1:00-3:00 PM	<b>11d. Election Location(s):</b> VISITORS LOBBY	
<b>12a. Full Name of Petitioner (including local name and number)</b> International Union, Security, Police and Fire Professionals of America (SPFPA)		<b>12b. Address (street and number, city, state, and ZIP code)</b> 25510 Kelly Road, Roseville, MI 48066	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Union, Security, Police and Fire Professionals of America (SPFPA)			
<b>12d. Tel No.</b> 586-772-7250 X111	<b>12e. Cell No.</b> 586-872-5634	<b>12f. Fax No.</b> 586-772-9644	<b>12g. E-Mail Address</b> organize@spfpa.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Gordon Gregory, General Counsel		<b>13b. Address (street and number, city, state, and ZIP code)</b> 65 Cadillac Square, Suite 3727, Detroit, MI 48226	
<b>13c. Tel No.</b> 313-964-5600	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 313-964-2125	<b>13f. E-Mail Address</b> Gordon@UnionLaw.net
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Dwayne Phillips	<b>Signature</b> 	<b>Title</b> Organizing Director	<b>Date</b> 3/10/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



FORM NLRB-502 (RC)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD

"Corrected" RC PETITION

## DO NOT WRITE IN THIS SPACE

Case No.

10-RC-258012

Date Filed

March 13, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Walden Security, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
100 East Tenth St. Suite 400 Chattanooga, TN. 37402

**3a. Employer Representative - Name and Title:**  
Mr. Dick Wong  
Executive V.P., Federal Business Developem

**3b. Address (if same as 2b - state same):**  
Same as above

**3c. Tel. No.**  
(404) 304-3006

**3d. Cell No.**

**3e. Fax No.**  
(423) 702-8204

**3f. E-Mail Address**  
dick.wong@waldensecurity.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Federal Security Service Contractor (USMS)

**4b. Principal Product or Service**  
Federal Court Security

**5a. City and State where unit is located:**  
Anniston, Huntsville, Decatur, AL.

**5b. Description of Unit Involved:**

**Included:**

All Full-time and Share-time CSO and LCSO working in the locations listed in 5a.

**Excluded:**

All other Walden Security employees who are or would work at the locations in 5a.

**6a. Number of Employees in Unit**  
21

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/14/20 and Employer declined recognition on or about (Date) (if no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**  
NONE

**8b. Address:**  
N/A

**8c. Tel. No.**  
N/A

**8d. Cell No.**  
N/A

**8e. Fax No.**  
N/A

**8f. E-Mail Address**  
N/A

**8g. Affiliation, if any:**  
N/A

**8h. Date of Recognition or Certification**  
N/A

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** N/A

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)**  
NONE

**10a. Name**  
N/A

**10b. Address**  
N/A

**10c. Tel. No.**  
N/A

**10d. Cell No.**  
N/A

**10e. Fax No.**  
N/A

**10f. E-Mail Address**  
N/A

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election: Association Representative

**11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
04/01/2020

**11c. Election Time(s):**  
N/A

**11d. Election Location(s):**  
Mail Ballots to Employees

**12a. Full Name of Petitioner (including local name and number):**  
Northeast Alabama Court Security Officers Benevolent Association

**12b. Address (street and number, city, State and ZIP code):**  
2106 Lancelot Dr. S.W. Decatur, AL. 35603-1125

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
NONE

**12d. Tel. No.**  
N/A

**12e. Cell No.**  
(256) 566-0942

**12f. Fax No.**  
N/A

**12g. E-Mail Address**  
rogerholt@charter.net

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Roger W. Holt

**13b. Address (street and number, city, State and ZIP code):**  
2106 Lancelot Dr. S.W. Decatur, AL. 35603-1125

**13c. Tel. No.**  
N/A

**13d. Cell No.**  
(256) 566-0942

**13e. Fax No.**  
N/A

**13f. E-Mail Address**  
rogerholt@charter.net

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
Roger W. Holt

**Signature**

*Roger W. Holt*

**Title**  
Association Representative

**Date**  
03/13/20

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No <b>10-RC-258073</b>	Date Filed <b>March 16, 2020</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> WORKFORCE RESOURCES, INC.		<b>2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code)</b> 200 S. POINDEXTER STREET, ELIZABETH, NC 27909	
<b>3a. Employer Representative - Name and Title</b> CHARLENE T. WADE - HUMAN RESOURCES		<b>3b. Parent Company Address (if same as 2b - state same)</b> 8181 PROFESSIONAL PLACE, SUITE 260, HYATTSVILLE, MD 20785	
<b>3c. Tel. No.</b> 252-331-1874	<b>3d. Cell No.</b> 301-459-9675	<b>3e. Fax No.</b> 301-459-9677	<b>3d. E-Mail Address</b> CTWADE@WKFORCERESOURCES.COM
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> SERVICE CONTRACT		<b>4b. Principal product or service</b> AIRCRAFT REPAIR/OVERHAUL	
		<b>5a. City and State where unit is located:</b> ELIZABETH CITY, NC	

**5b. Description of Unit Involved**  
Included:  
ALL FULL AND REGULAR PART TIME PRODUCTION CONTROLLERS, AIRCRAFT ELECTRICIANS, ELECTRICIAN HELPERS, AIRCRAFT MECHANICS I, II, AND III, AIRCRAFT WORKERS, AIRCRAFT HELPERS, AIRCRAFT PAINTERS, AND SUPPLY TECHNICIANS WORKING AT WORKFORCE RESOURCES INC. IN ELIZABETH CITY, NC.  
Excluded:  
OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, SUPERVISORS, AS DEFINED IN THE ACT.

**6a. No. of Employees in Unit:**  
20  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:**  
☐ 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about \_\_\_\_\_ (date) (if no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b> NONE		<b>8b. Address</b> N/A	
<b>8c. Tel. No.</b> N/A	<b>8d. Cell No.</b> N/A	<b>8e. Fax No.</b> N/A	<b>8f. E-Mail Address</b> N/A
<b>8g. Affiliation, if any</b> N/A		<b>8h. Date of Recognition or Certification</b> N/A	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> N/A	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** N/A If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)** NONE

<b>10a. Name</b> N/A	<b>10b. Address</b> N/A	<b>10c. Tel. No.</b> N/A	<b>10d. Cell No.</b> N/A
		<b>10e. Fax No.</b> N/A	<b>10f. E-Mail Address</b> N/A

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:**  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
APRIL 7, 2020

**11c. Election Time(s):**  
12:00 PM - 1:00 PM & 3:00 PM - 3:30 PM

**11d. Election Location(s):**  
BREAK ROOM

**12a. Full Name of Petitioner (including local name and number)**  
IAMAW, AFL-CIO

**12b. Address (street and number, city, state, and ZIP code)**  
690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011


**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO

<b>12d. Tel. No.</b> 817-505-0100	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 817-459-0107	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE		<b>13b. Address (street and number, city, state, and ZIP code)</b> 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011	
<b>13c. Tel. No.</b> 817-505-0100	<b>13d. Cell No.</b> 682-401-7835	<b>13e. Fax No.</b> 817-459-0107	<b>13d. E-Mail Address</b> JLITTLE@IAMAW.ORG

I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> JAMES R. LITTLE	<b>Signature</b> 	<b>Title</b> GRAND LODGE REPRESENTATIVE	<b>DATE</b> 03/16/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION****DO NOT WRITE IN THIS SPACE**

Case No.

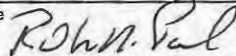
10-RC-258074

Date Filed

March 17, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> The Roanoke Times		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 201 Campbell Avenue SW, Roanoke, VA 24011	
<b>3a. Employer Representative - Name and Title:</b> John Jordan, Interim Publisher		<b>3b. Address (if same as 2b - state same):</b> [same]	
<b>3c. Tel. No.</b> 540-981-3326	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> john.jordan@bhmginco.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> newspaper		<b>4b. Principal Product or Service</b> news	
<b>5a. City and State where unit is located:</b> Roanoke, Virginia		<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full- and regular part-time newsroom employees <b>Excluded:</b> supervisors, managerial employees, confidential employees and guards defined in Act	
<b>6a. Number of Employees in Unit:</b> 53		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>3/17/20</u> and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> March 30, 2020	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>	
<b>12a. Full Name of Petitioner (including local name and number):</b> Washington-Baltimore News Guild, Local 32035		<b>12b. Address (street and number, city, State and ZIP code):</b> 1225 Eye Street NW, Washington, DC 20005	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> The News Guild - Communications Workers of America, AFL-CIO, CLC			
<b>12d. Tel. No.</b> 202-785-3650 x13	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> preilly@wbng.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Robert E. Paul, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 1025 Connecticut Avenue NW, Suite 1000, Washington, DC 20036	
<b>13c. Tel. No.</b> 202-857-5000	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 202-327-5499	<b>13f. E-Mail Address</b> rpaul@robertepaul.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Robert E. Paul	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 3/17/20

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



FORM NLRB-502 (RD)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

10-RD-257331

Date Filed

March 3, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Rainelle Center LLC / Meadow Garden  
 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code): 276 Pennsylvania Ave Rainelle WV 25962  
 3a. Employer Representative - Name and Title: Stacy Cooper  
 3b. Address (if same as 2b - state same): 276 Pennsylvania Ave Rainelle WV 25962  
 3c. Tel. No.: 304-438-6127  
 3d. Fax No.: 304-438-7668  
 3e. Cell No.: 304-890 3748  
 3f. E-Mail Address: Scooper@MeadowGardenWV.com  
 4a. Type of Establishment (Factory, mine, wholesaler, etc.): Nursing Home  
 4b. Principal product or service: Health Care

5a. Description of Unit Involved  
 Included: CNA, Restorative CNA, Dietary Aide, Cook, Word Clerk, house keeping, maintenance  
 Excluded: Laundry, RN, LPN, social worker, Activity Aide, office clerk, med records, Prnse grade Supervisors  
 5b. City and State where unit is located: Rainelle WV

6. No. of Employees in Unit: 54  
 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent

SEIU Dis-1199

8b. Affiliation, if any

8c. Address: 1395 dublinColumbus OH 43215

8d. Tel. No.

614-461-11998e. (b) (6), (b) (7)(C)

8f. Fax No.

614-461-1199

8g. E-Mail Address

9. Date of Recognition or Certification

6-2-18

10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

6-1-2011a. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ Yes ☒ No

11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name)

(Insert Address)a labor organization, of  
since (Month, Day, Year)

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name

12b. Address

12c. Tel. No.

12d. Fax No.

12e. Cell No.

12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

13a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

13b. Election Date(s)

13c. Election Time(s)

13d. Election Location(s)

14. Full Name of Petitioner  
(b) (6), (b) (7)(C)14a. (b) (6), (b) (7)(C)

14b. Tel. No.

14c. Fax No.

14d. Cell No.  
(b) (6), (b) (7)(C)14e. E-Mail Address  
(b) (6), (b) (7)(C)

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name

Self

15b. Title

15c. Address (Street and number, city, state, ZIP code)

AS in Number 14

15d. Tel. No.

15e. Fax No.

15f. Cell No.

15g. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
(b) (6), (b) (7)(C)Signature  
(b) (6), (b) (7)(C)(b) (6), (b) (7)(C)

Date Filed

3-2-20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to involve its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

Case No.

10-RD-257514

Date Filed

03-06-2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION:** RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Pepsi Bottling Company</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>4541 Houston Ave Macon, GA 31206</b>	
3a. Employer Representative - Name and Title <b>Elizabeth Zavala</b>		3b. Address (if same as 2b - state name) <b>4541 Houston Ave Macon, GA 31206</b>	
3c. Tel. No. <b>470-232-8331</b>	3d. Fax No.	3e. Cell No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Wholesaler</b>		4b. Principal product or service <b>Beverage Distribution</b>	

5a. Description of Unit Involved Included: <b>Drivers, Merchandising team, Warehouse team, Relief sales, Reset team, Fleet mechanics</b> Excluded: <b>Arm pre sell, BCR Sales team</b>		5b. City and State where unit is located: <b>Macon, GA</b>
--	--	---

6. No. of Employees in Unit <b>47</b>	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

8a. Name of Recognized or Certified Bargaining Agent <b>Teamsters Local 528</b>		8b. Affiliation, if any
8c. Address <b>407 Arrowhead Blvd, Jonesboro, GA 30236</b>		8d. Tel. No. <b>678-961-7826</b>
		8e. Cell No.
		8f. Fax No.
		8g. E-Mail Address

9. Date of Recognition or Certification <b>Dec 4 2015</b>	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
--	---

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
--	---

11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)	a labor organization, of since (Month, Day, Year)
--	--

12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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13b. Election Date(s) <b>As soon as possible</b>	13c. Election Time(s) <b>6:00 AM</b>	13d. Election Location(s) <b>Pepsi Facility</b>
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14. Full Name of Petitioner <b>(b) (6), (b) (7)(C)</b>		14b. Tel. No. <b>(b) (6), (b) (7)(C)</b>	14c. Fax No.
14a. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C)</b>		14d. Cell No.	14e. E-Mail Address

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

15a. Name	15b. Title
15c. Address (Street and number, city, state, ZIP code)	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>(b) (6), (b) (7)(C)</b>	Signature <b>(b) (6), (b) (7)(C)</b>	Title <b>(b) (6), (b) (7)(C)</b>	Date Filed <b>3/5/2020</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

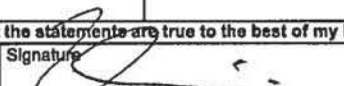
Date Filed

12-RC-257326

March 2, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: HSMHost - Orlando International Airport		2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 1 Jeff Fuqua Blvd., Orlando, FL 32827	
3a. Employer Representative - Name and Title: Darryl L. Franklin - Associate General Couns		3b. Address (if same as 2b - state same): 6905 Rockledge Dr., Bethesda, MD 20817	
3c. Tel. No. (240) 274-4304	3d. Cell No.	3e. Fax No.	3f. E-Mail Address darryl.franklin@hmshost.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food and Beverage Services		4b. Principal Product or Service Food and Beverage Services	
5a. City and State where unit is located: Orlando, FL		5b. Description of Unit Involved: Included: See Attachment A Excluded: See Attachment A	
6a. Number of Employees in Unit: 750		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 2/28/20 and Employer declined recognition on or about (Date) no reply (if no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (if none, so state) None			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11a. Election Type:			
11b. Election Date(s): March 27, 2020		11c. Election Time(s): 2 a.m. - 11 p.m.	
11d. Election Location(s): Hyatt - Orlando International Airport			
12a. Full Name of Petitioner (including local name and number): UNITE HERE, Local 362		12b. Address (street and number, city, State and ZIP code): 1255 La Quinta Dr. #212, Orlando, FL 32809	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UNITE HERE International Union			
12d. Tel. No. (407) 851-0626	12e. Cell No.	12f. Fax No.	12g. E-Mail Address eclinton@unitehere.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Richard Siwica - Attorney		13b. Address (street and number, city, State and ZIP code): PO Box 2231, Orlando, FL 32802	
13c. Tel. No. (407) 422-1400	13d. Cell No.	13e. Fax No.	13f. E-Mail Address rsiwica@eganlev.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Richard Siwica		Signature 	
Title Attorney		Date 3/2/20	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



## **Attachment A**

### **5b. Description of Unit Involved**

**Included:** All regular full time and regular part time employees employed by HMSHost at the Orlando International Airport including but not limited to the following classifications: barista, bartender, busser, cashier, cook, crew, dishwasher, host, lead employee (aka supervisor), maintenance employee, production employee, runner, runner/driver, server, server/ bartender, and utility employee.

**Excluded:** All office clerical employees, professional employees, guards, managers and supervisors as defined in the National Labor Relations Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

12-RC-257536

Date Filed

3/6/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Range Generation Next (RGNXT)	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1030 South Highway A1A, Building 989, Patrick AFB, Florida 32925
<b>3a. Employer Representative - Name and Title:</b> Belinda Burke, H.R. Manager	<b>3b. Address (if same as 2b - state same):</b> SAME

<b>3c. Tel. No.</b> XXX	<b>3d. Cell No.</b> 321-474-3111	<b>3e. Fax No.</b> XXX	<b>3f. E-Mail Address</b> Belinda.Burkey@rgnxt.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Aerospace Company	<b>4b. Principal Product or Service</b> Government Service Contractor	<b>5a. City and State where unit is located:</b> Cocoa Beach, Florida
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> The Union is seeking an Amour- Globe election, see attachment RGNXT Logistics. <b>Excluded:</b> All Clerical, Supervisors, Management, Guards and all others as defined by the Law.	<b>6a. Number of Employees in Unit:</b> 7 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) 03/05/20 and Employer declined recognition on or about (Date) No reply (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> None	<b>8b. Address:</b> XXX
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<b>8c. Tel. No.</b> XXX	<b>8d. Cell No.</b> XXX	<b>8e. Fax No.</b> XXX	<b>8f. E-Mail Address</b> XXX@example.com
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<b>8g. Affiliation, if any:</b> XXX	<b>8h. Date of Recognition or Certification</b> XXX	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> XXX
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? XXX  
(Name of Labor Organization) XXX, has picketed the Employer since (Month, Day, Year) XXX

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

<b>10a. Name</b> XXX	<b>10b. Address</b> XXX	<b>10c. Tel. No.</b> XXX	<b>10d. Cell No.</b> XXX
		<b>10e. Fax No.</b> XXX	<b>10f. E-Mail Address</b> XXX@example.com

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election: I request a stipulated election  
**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> March 24, 2020	<b>11c. Election Time(s):</b> 10am-11am	<b>11d. Election Location(s):</b> Patrick Air Force Base
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<b>12a. Full Name of Petitioner (including local name and number):</b> Shawn P. Beal, IBEW LU 2088, Business Manager	<b>12b. Address (street and number, city, State and ZIP code):</b> 2395 N Courtenay Parkway, Ste 103, Merritt Island, Florida 32953
---	---

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Brotherhood of Electrical Workers, AFL-CIO


<b>12d. Tel. No.</b> 321-459-1400	<b>12e. Cell No.</b> 321-759-0754	<b>12f. Fax No.</b> 321-459-1190	<b>12g. E-Mail Address</b> spbeal2088@aol.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title:</b> Shawn P. Beal, IBEW LU 2088, Business Manager	<b>13b. Address (street and number, city, State and ZIP code):</b>
--	--

<b>13c. Tel. No.</b> 321-459-1400	<b>13d. Cell No.</b> 321-759-0754	<b>13e. Fax No.</b> 321-459-1190	<b>13f. E-Mail Address</b> spbeal2088@aol.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Shawn P. Beal	<b>Signature</b> 	<b>Title</b> Business Manager	<b>Date</b> 03/06/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



## RGNXT LOGISTICS ATTACHMENT

The Union is seeking an Armour-Globe Election and wishes to add all full-time and part-time, Logistic Technicians, employed by the employer at its Patrick AFB and Cape Canaveral Air Station to the existing unit.

These Logistic Technicians share a community of interest with the Mainland Tech employees.

The Logistic Technician's work locations and functions, have interactions with the Mainland Tech employees, qualifications, and working conditions.

The Union represents Mainland Tech employees covered by a collective bargaining agreement with the employer, for the period of September 1, 2018 through August 31, 2021

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

**12-RC-257813**

Date Filed

**3/10/2020**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

Cemex, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

1425 Wiggins Pass Rd.  
FL Naples 34110-

**3a. Employer Representative - Name and Title**

Charles O'Reilly

**3b. Address (If same as 2b - state same)**

1425 Wiggins Pass Rd.  
FL Naples 34110-

**3c. Tel. No.**

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Construction - Raw Materials

**4b. Principal product or service**

Concrete Manufacturing and Delivery

**5a. City and State where unit is located:**

Naples, FL

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**

37

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:**



7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
ASAP

**11c. Election Time(s):**  
6:00 am to 10:00 am

**11d. Election Location(s):**  
Break rooms at the Prospect, Wiggins Pass, and East Naples plants

**12a. Full Name of Petitioner (including local name and number)**  
John Sholtes  
Teamsters Local 79

**12b. Address (street and number, city, state, and ZIP code)**  
5818 E. MLK Jr. Blvd.  
FL Tampa 33619

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters

**12d. Tel No.**  
(813) 621-1391

**12e. Cell No.**

**12f. Fax No.**  
(813) 626-7915

**12g. E-Mail Address**  
jsholtes@teamsters79.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

**13b. Address (street and number, city, state, and ZIP code)**

**13c. Tel No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

John Sholtes

**Signature**

JOHN SHOLTES

**Title**

Trustee/Business Agent

**Date**

03/9/2020 13:29:22

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

Employees Included  
All full-time and part-time drivers

Employees Excluded  
All other employees

DO NOT WRITE IN THIS SPACE	
Case <b>12-RC-257813</b>	Date Filed <b>3/10/2020</b>

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **12-RC-257857** Date Filed **3/11/2020**

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Morrison Healthcare		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 3360 Burns Rd, Palm Beach Gardens, FL 33410	
<b>3a. Employer Representative - Name and Title</b> David Vinson, Director Labor Relations		<b>3b. Address (if same as 2b - state same)</b> Same	
<b>3c. Tel. No.</b> 757-371-4035	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> David.Vinson@compass-usa.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Hospital		<b>4b. Principal product or service</b> Food Service	
<b>5b. Description of Unit Involved</b> Included: Dietary aids, cashier, retail caterers  Excluded: cooks			<b>5a. City and State where unit is located:</b> Palm Beach Gardens
			<b>6a. No. of Employees in Unit:</b> 25
			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 2/11/2020 and Employer declined recognition on or about** \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):** 4/14/20 **11c. Election Time(s):** 11:30 am to 1:00 pm; 5:00 pm to 6:30 pm **11d. Election Location(s):** Conference Room

**12a. Full Name of Petitioner (including local name and number)**  
SEIU-UHWE **12b. Address (street and number, city, state, and ZIP code)**  
2881 Corporate Way, Miramar, FL 33025

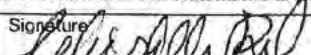
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
1199 Service Employees International Union- United Healthcare Workers East

**12d. Tel No.** 305-623-3000 **12e. Cell No.** 305-761-7776 **12f. Fax No.** **12g. E-Mail Address** christella.dorval@1199.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Christella Dorval, Organizer		<b>13b. Address (street and number, city, state, and ZIP code)</b> 2881 Corporate Way, Miramar FL 33025	
<b>13c. Tel No.</b> 305-761-7776	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 305-626-1604	<b>13f. E-Mail Address</b> christella.dorval@1199.org

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)** Christella Dorval **Signature**  **Title** Organizer **Date** 3/11/2020

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>12-RC-257917</b>	Date Filed <b>March 11, 2020</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>SeaWorld Parks &amp; Entertainment</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>7007 Sea World Dr., Orlando, FL 32821</b>	
3a. Employer Representative - Name and Title <b>Sergio Rivera, CEO</b>		3b. Address (if same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>407-545-5550</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Entertainment Park</b>	4b. Principal product or service <b>Entertainment</b>	5a. City and State where unit is located: <b>Orlando, FL</b>
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6a. Description of Unit Involved <b>Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS, SERGEANTS AND CAPTAINS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY SEAWORLD PARKS &amp; ENTERTAINMENT @ 7007 SEA WORLD DR., ORLANDO, FL 32821</b> <b>Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.</b>		6a. No. of Employees in Unit: <b>81</b>
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) (if no reply received, so state). <b>NO</b>	<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.
--	---

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). <b>NONE</b>	8b. Address
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? <b>NO</b> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____
---

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) <b>NONE</b>
--

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): <b>4/2/2020</b>	11c. Election Time(s): <b>6:00 - 8:00 AM &amp; 2:00 - 4:00 PM</b>	11d. Election Location(s): <b>PORTS OF CALL</b>
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12a. Full Name of Petitioner (including local name and number) <b>International Union, Security, Police and Fire Professionals of America (SPFPA)</b>	12b. Address (street and number, city, state, and ZIP code) <b>25510 Kelly Road, Roseville, MI 48066</b>
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>International Union, Security, Police and Fire Professionals of America (SPFPA)</b>
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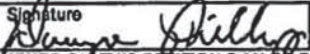
12d. Tel. No. <b>586-772-7250 X111</b>	12e. Cell No. <b>586-872-5634</b>	12f. Fax No. <b>586-772-9644</b>	12g. E-Mail Address <b>organize@spfpa.org</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Gordon Gregory, General Counsel</b>	13b. Address (street and number, city, state, and ZIP code) <b>65 Cadillac Square, Suite 3727, Detroit, MI 48226</b>
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13c. Tel. No. <b>313-964-5600</b>	13d. Cell No.	13e. Fax No. <b>313-964-2125</b>	13f. E-Mail Address <b>Gordon@UnionLaw.net</b>
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Dwayne Phillips</b>	Signature 	Title <b>Organizing Director</b>	Date <b>3/10/2020</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

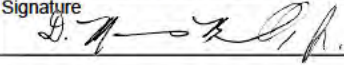
12-RC-258326

Date Filed

3/23/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer:</b> My City Transportation/Fort Lauderdale		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> Fort Lauderdale/Hollywood International Airport (FLL) location	
<b>3a. Employer Representative - Name and Title:</b> Danay C. Cravey, General Manager		<b>3b. Address (if same as 2b - state same):</b> 1033 Sistrunk Blvd., Fort Lauderdale, FL 33311	
<b>3c. Tel. No.</b> N/A	<b>3d. Cell No.</b> N/A	<b>3e. Fax No.</b> N/A	<b>3f. E-Mail Address</b> florida@mycitytransportation.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation		<b>4b. Principal Product or Service</b> Transportation Services	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All customer service representatives (CSRs) <b>Excluded:</b> All other employees; including supervisors or guards as defined by the Act		<b>5a. City and State where unit is located:</b> Ft. Lauderdale	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>n/a</u> and Employer declined recognition on or about (Date) <u>n/a</u> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.		<b>6a. Number of Employees in Unit:</b> 22	
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> N/A		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8b. Address:</b>			
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) <u>N/A</u> , has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b> N/A		<b>10b. Address</b> N/A	
<b>10c. Tel. No.</b> N/A		<b>10d. Cell No.</b> N/A	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b>		<b>11c. Election Time(s):</b>	
<b>11d. Election Location(s):</b>			
<b>12a. Full Name of Petitioner (including local name and number):</b> International Brotherhood of Teamsters Local 769		<b>12b. Address (street and number, city, State and ZIP code):</b> 12365 West Dixie Highway, North Miami, FL 33161	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 305-642-6255	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 305-891-5896	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> D. Marcus Braswell, Jr., Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 100 Miracle Mile, Suite 300, Coral Gables, FL 33134	
<b>13c. Tel. No.</b> 305-529-2801	<b>13d. Cell No.</b> 305-206-2316	<b>13e. Fax No.</b> 305-447-8115	<b>13f. E-Mail Address</b> mbraswell@sugarmansusskind.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> D. Marcus Braswell, Jr.		<b>Signature</b> 	<b>Title</b> Attorney
		<b>Date</b> 3/20/2020	

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.




UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 13-RC-257550	Date Filed 3/6/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: <b>Volvo PDC Joliet</b>		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): <b>3900 Rock Creek Blvd. Joliet, IL 60431</b>	
3a. Employer Representative - Name and Title: <b>Stefanig Pires</b>		3b. Address (if same as 2b - state same): <b>Same</b>	
3c. Tel. No. <b>815 207 2000</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Warehouse</b>		4b. Principal Product or Service <b>Auto/Truck parts</b>	
5a. City and State where unit is located: <b>Joliet, IL</b>		5b. Number of Employees in Unit: <b>51</b>	
5c. Description of Unit Involved: Included: <b>All full time / part time warehouse and maintenance</b> Excluded: <b>All office, guards, management as defined in the Act</b>		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>2-25-2020</b> and Employer declined recognition on or about (Date) <b>Not Resolved</b> (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) <b>NA</b>		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <b>NO</b> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) <b>NA</b>			
10a. Name <b>NA</b>		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): <b>Earliest Available</b>		11c. Election Time(s): <b>NOON to 5pm</b>	
11d. Election Location(s): <b>3900 Rock Creek Blvd. Joliet, IL</b>			
12a. Full Name of Petitioner (including local name and number): <b>Fernando Hernandez</b>		12b. Address (street and number, city, State and ZIP code): <b>8000 E Jefferson Ave Detroit, MI 48214</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): <b>United Automobile, Aerospace and Agricultural Implement Workers of America</b>			
12d. Tel. No. <b>313 926 5461</b>	12e. Cell No. <b>773 759 8929</b>	12f. Fax No.	12g. E-Mail Address <b>Fernandez@UAW.net</b>
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: <b>Fernando Hernandez Organizer</b>		13b. Address (street and number, city, State and ZIP code): <b>8000 E Jefferson Ave Detroit, MI 48214</b>	
13c. Tel. No. <b>313 926 5461</b>	13d. Cell No. <b>773 759 8929</b>	13e. Fax No.	13f. E-Mail Address <b>Fernandez@UAW.net</b>
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) <b>Fernando Hernandez</b>	Signature 	Title <b>Organizer</b>	Date <b>3-6-2020</b>

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 13-RC-257636

Date Filed 3/9/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Fontanini Foods, LLC Div. of Hormel Foods Corp.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 8751 W 50th Street IL McCook 60525-	
<b>3a. Employer Representative - Name and Title</b> John Kempen		<b>3b. Address</b> (If same as 2b - state same) 8751 W 50th Street IL McCook 60525-	
<b>3c. Tel. No.</b> (708) 485-4800	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (708) 485-9600	<b>3f. E-Mail Address</b> jdkempen@fontanini.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Food Processing		<b>4b. Principal product or service</b> Meats	<b>5a. City and State where unit is located:</b> Lyons, IL

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 347
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> 4/1/2020	<b>11c. Election Time(s):</b> Open	<b>11d. Election Location(s):</b> Employer site
<b>12a. Full Name of Petitioner (including local name and number)</b> Gabriel Monarrez Gabriel Monarrez Chemical and Production Workers Union Local 30 AFL-CIO		<b>12b. Address (street and number, city, state, and ZIP code)</b> 245 Fend Lane IL Hillside 60162-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
Chemical and Production Union Local 30, I.U.A.P. and P.W., AFL-CIO

<b>12d. Tel No.</b> (312) 738-0822	<b>12e. Cell No.</b> (773) 716-7896	<b>12f. Fax No.</b> (708) 236-3404	<b>12g. E-Mail Address</b> gmonarrez@csjunion.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Karl Masters Associate Attorney Johnson & Krol, LLC		<b>13b. Address (street and number, city, state, and ZIP code)</b> 311 S. Wacker Drive, Suite 1050 IL Chicago 60606-	
<b>13c. Tel No.</b> (312) 757-5474	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (312) 255-0449	<b>13f. E-Mail Address</b> masters@johnsonkrol.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Gabriel Monarrez	<b>Signature</b> Gabriel Monarrez	<b>Title</b> Business Agent	<b>Date</b> 03/6/2020 10:43:54
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 13-RC-257636	Date Filed 3/9/20

Employees Included  
Production Workers

Employees Excluded  
Security, Management, Supervisors, Clerical, Maintenance, Quality Control

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

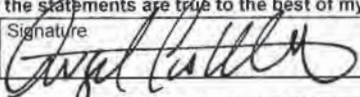
13-RC-257718

Date Filed

3/10/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Refresh Club, Inc, DBA: The Wing		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 811 W Fulton Market, 2nd Floor, Chicago IL 60607	
<b>3a. Employer Representative - Name and Title:</b> Delilah Amanda Lynn, General Manager		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b> 650-922-5523	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> delilah.al@the-wing.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Private Club		<b>4b. Principal Product or Service</b> Hospitality	<b>5a. City and State where unit is located:</b> Chicago, IL
<b>5b. Description of Unit Involved:</b> <b>Included:</b> [see attached] <b>Excluded:</b> [see attached]		<b>6a. Number of Employees in Unit:</b> 18 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 3/10/2020 <b>and Employer declined recognition</b> on or about (Date) no reply (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> none		<b>8b. Address:</b> none	
<b>8c. Tel. No.</b> none	<b>8d. Cell No.</b> none	<b>8e. Fax No.</b> none	<b>8f. E-Mail Address</b> none
<b>8g. Affiliation, if any:</b> none		<b>8h. Date of Recognition or Certification</b> none	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> n/a
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="radio"/> If so, approximately how many employees are participating? n/a (Name of Labor Organization) n/a has picketed the Employer since (Month, Day, Year) n/a			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> none			
<b>10a. Name</b> none		<b>10b. Address</b> none	<b>10c. Tel. No.</b> none <b>10e. Fax No.</b> none
			<b>10d. Cell No.</b> none <b>10f. E-Mail Address</b> none
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> as soon as possible		<b>11c. Election Time(s):</b> 6:30am-10:30am; 1:30-3:30pm	<b>11d. Election Location(s):</b> The Wing, 811 W Fulton Market
<b>12a. Full Name of Petitioner (including local name and number):</b> UNITE HERE Local 1		<b>12b. Address (street and number, city, State and ZIP code):</b> 218 S Wabash Ave, Suite 700, Chicago IL 60604	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> UNITE HERE			
<b>12d. Tel. No.</b> 312-663-4373	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 312-986-3828	<b>12g. E-Mail Address</b> acastillo@unitehere.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Angel Castillo, Organizing Director		<b>13b. Address (street and number, city, State and ZIP code):</b> 218 S Wabash Ave, Suite 700, Chicago IL 60604	
<b>13c. Tel. No.</b> 773-469-7131	<b>13d. Cell No.</b> 773-469-7131	<b>13e. Fax No.</b> 312-986-3828	<b>13f. E-Mail Address</b> acastillo@unitehere.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Angel Castillo	<b>Signature</b> 	<b>Title</b> Organizing Director	<b>Date</b> 3/10/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



**5b. Description of Unit Involved:**

**Included:** All regular part-time and full-time front desk, event, cooks, baristas, dishwashers, pastry cooks, cashiers, space staff employed by the Employer at its facility at 811 W Fulton Market, 2<sup>nd</sup> Floor, Chicago, IL.

**Excluded:** Other employees, valet employees, engineering employees, office clerical employees, professional employees, guards, managers, and supervisors as defined in the NLRA.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

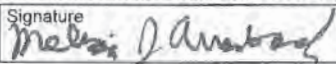
13-RC-257879

Date Filed

3/12/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> EPIC Academy		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 8255 S. Houston Ave., Chicago, IL 60617	
<b>3a. Employer Representative - Name and Title:</b> Andromeda Bellamy, Principal		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 773-535-7930	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 773-535-7934	<b>3f. E-Mail Address</b> abellamy@epicacademy.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> charter school		<b>4b. Principal Product or Service</b> education	<b>5a. City and State where unit is located:</b> Chicago, Illinois
<b>5b. Description of Unit Involved:</b> Included: See attached. Excluded: See attached.		<b>6a. Number of Employees in Unit:</b> 44  <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 03/11/20 and Employer declined recognition on or about (Date) no reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b> <b>10d. Cell No.</b>
			<b>10e. Fax No.</b> <b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> 3/30/20 or 4/2/20		<b>11c. Election Time(s):</b> 7:00 am - 10:00 am	
<b>11d. Election Location(s):</b> Epic Academy Charter School			
<b>12a. Full Name of Petitioner (including local name and number):</b> Chicago Teachers Union, Local 1, AFT/IFT, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 1901 W. Carroll Ave., Chicago, IL 60612	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> American Federation of Teachers			
<b>12d. Tel. No.</b> 312-329-9100	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 312-329-6200	<b>12g. E-Mail Address</b> terryrudd@ctulocal1.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Melissa Auerbach		<b>13b. Address (street and number, city, State and ZIP code):</b> 8 S. Michigan Ave., 19th Floor, Chicago, IL 60603	
<b>13c. Tel. No.</b> 312-372-1361	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 312-372-6599	<b>13f. E-Mail Address</b> mauerbach@laboradvocates.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Melissa Auerbach	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 3/11/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



## ATTACHMENT TO RC PETITION

### EPIC Academy

#### 5b. Description of Unit Involved:

Included: All full-time and regular part-time employees including all Teachers, Dean of Discipline, Dean of Graduation, Director of Social Work Services, Paraprofessionals, Security Specialists, Social Workers, and Administrative Assistants employed at EPIC Academy Charter School located at 8255 S. Houston Ave. Chicago, IL 60617

Excluded: Principal, Assistant Principal, Senior Director of Finance, Director of Development & Programs, Director of Specialized Services, Accountant, Director of Student Recruitment, Director of Operations, Director of Safety & Culture, Director of College & Career Pathways, Lunchroom Staff, Food Service Manager, Custodians, Building Engineers, Confidential Employees, Managerial Employees, Guards and Supervisors as defined by the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 13-RC-258090

Date Filed 3/17/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Hyatt Place Chicago O'Hare Airport		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 610 Mannheim Rd, Rosemont, IL 60018	
3a. Employer Representative - Name and Title: Jonathan Monserrate		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 224-563-1814	3d. Cell No.	3e. Fax No. 224-563-1801	3f. E-Mail Address jonathan.monserrate@hyatt.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hotel		4b. Principal Product or Service Hospitality	5a. City and State where unit is located: Rosemont, IL
5b. Description of Unit Involved: Included: All full-time and regular part-time and trainee shuttle drivers employed at this Excluded: O'Hare Airport location - All office, clerical employees, guards, professional employees and supervisors as defined by the Act			6a. Number of Employees in Unit: 7
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 3/16/20 and Employer declined recognition on or about (Date) w/petition (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name		10b. Address	10c. Tel. No.
			10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			11a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s): March 27, 2020		11c. Election Time(s): 11am-3pm	11d. Election Location(s): Banquet Room in facility
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 727		12b. Address (street and number, city, State and ZIP code): 1300 W. Higgins Rd, Suite 111, Park Ridge, IL 60068	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters			
12d. Tel. No. 847-696-7500	12e. Cell No.	12f. Fax No. 847-720-4984	12g. E-Mail Address chris@teamsterslocal727.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Christopher Owoyemi, Staff Attorney		13b. Address (street and number, city, State and ZIP code): 1300 W. Higgins Rd, Suite 111, Park Ridge, IL 60068	
13c. Tel. No. 847-696-7500	13d. Cell No.	13e. Fax No. 847-720-4984	13f. E-Mail Address chris@teamsterslocal727.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Christopher Owoyemi		Signature 	Title Staff Attorney
			Date 3/16/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.




UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
14-RC-257212Date Filed  
March 2, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Autohaus BMW of Maplewood		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 3015 S. Hanley Rd. St. Louis, MO 63143	
<b>3a. Employer Representative - Name and Title:</b> Peggy Wessel - Owner Pam Eppers - General Manager		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 314-727-8870	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 314-880-8470	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Automobile Dealership		<b>4b. Principal Product or Service</b> New/Used Vehicle Sales/Service	<b>5a. City and State where unit is located:</b> St. Louis, MO
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time mechanics employed by the employer at their 3015 S. Hanley Rd. St. Louis, MO facility <b>Excluded:</b> Parts department employees, service writers, poerters, sales employees, managerial employees, guards, supervisors as defined in the act, and all other employees.			<b>6a. Number of Employees in Unit:</b> 13 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:</b> Any such election		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> March 24, 2020	<b>11c. Election Time(s):</b> 10:00 am - 11:00 am		<b>11d. Election Location(s):</b> Conference Room
<b>12a. Full Name of Petitioner (including local name and number):</b> District Lodge 9, International Association of Machinists and Aerospace Workers, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 1901 S. Meyers Rd. Suite 210 Oakbrook Terrace, IL 60181	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Association of Machinists and Aerospace Workers, AFL-CIO			
<b>12d. Tel. No.</b> 815-280-6400	<b>12e. Cell No.</b> 815-214-4587	<b>12f. Fax No.</b> 815-280-6345	<b>12g. E-Mail Address</b> wlepinske@iamaw.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Grand Lodge Representative		<b>13b. Address (street and number, city, State and ZIP code):</b> 1901 S. Meyers Rd. Suite 210 Oakbrook Terrace, IL 60181	
<b>13c. Tel. No.</b> 815-280-6400	<b>13d. Cell No.</b> 815-214-4587	<b>13e. Fax No.</b> 815-280-6345	<b>13f. E-Mail Address</b> wlepinske@iamaw.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> William Joseph LePinske	<b>Signature</b> 	<b>Title</b> Grand Lodge Representative	<b>Date</b> 3/2/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**P E T I T I O N**

DO NOT WRITE IN THIS SPACE

Case No  
14-RC-257594

Date Filed  
March 6, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer JOHNS MANVILLE	2b. Address(es) of Establishment(s) Involved (street and number, city, state, zip code) 1465 17 <sup>th</sup> AVE, MCPHERSON, KS 67460
--	---

3a. Employer Representative - Name and Title MINDY LANNING - SUPERINTENDENT	3b. Parent Company Address (If same as 2b - state same) P.O. BOX 5108, DENVER, CO 80217
--	--

3c. Tel. No. 620-241-4829	3d. Cell No.	3e. Fax No.	3f. E-Mail Address MINDY.LANNING@IM.COM
------------------------------	--------------	-------------	--

4a. Type of Establishment (Factory, mine, wholesaler, etc.) FACTORY	4b. Principal product or service PRODUCTION-FIBERGLASS BUILDING INSULATION	5a. City and State where unit is located: MCPERSON, KS
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5b. Description of Unit Involved Included: ALL FULL AND REGULAR PART TIME PRODUCTION AND WAREHOUSE EMPLOYEES WORKING AT JOHNS MANVILLE IN MCPHERSON, KS.	6a. No. of Employees in Unit: 178
	6b. Do a substantial number (3 or more) of the employees in

Excluded: OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, SUPERVISORS, AND MAINTENANCE EMPLOYEES, AS DEFINED IN THE ACT.

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about \_\_\_\_\_ (date) (if no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NONE		8b. Address N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any N/A		8h. Date of Recognition or Certification N/A	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A

9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) **NONE**

10a. Name N/A	10b. Address N/A	10c. Tel. No. N/A	10d. Cell No. N/A
		10e. Fax No. N/A	10f. E-Mail Address N/A

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): MARCH 30, 2020	11c. Election Time(s): PLEASE SEE ATTACHMENT	11d. Election Location(s): TRAINING ROOM A, ON SITE
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12 a. Full Name of Petitioner (including local name and number)	12b. Address (street and number, city, state, and ZIP code)
IAMAW, AFL-CIO	690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)  
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO

12d. Tel. No. 817-505-0100	12e. Cell No.	12f. Fax No. 817-459-0107	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	
13a. Name and Title JAMES R. LITTLE – GRAND LODGE SPECIAL REPRESENTATIVE	13b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD SUITE 580, ARLINGTON, TX 76011

13c. Tel. No. 817-505-0100	13d. Cell No. 682-401-7835	13e. Fax No. 817-459-0107	13d. E-Mail Address JLITTLE@IAMAW.ORG
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I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief.

Name (Print) JAMES R. LITTLE	Signature 	Title GRAND LODGE REPRESENTATIVE	DATE 03/06/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
 PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



**ATTACHMENT:**

**11C. ELECTION TIME(S):**

**A CREW & B CREW: 8:00 AM – 12:00 PM**

**C CREW & D CREW: 6:00 PM – 10:00 PM**

FORM NLRB-502 (RD)  
(8-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITIONCase No.  
14-RD-258026Date Filed  
3/13/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition or: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>KETV</b>		2b. Address(es) of Establishment(s) Involved (Street and number, city, state, ZIP code) <b>1001 5 10th St Omaha NE 68108</b>	
3a. Employer Representative - Name and Title <b>Ariel Roblin</b>		3b. Address (if same as 2b - state name) <b>Same as 2B</b>	
3c. Tel. No. <b>402-346-7777</b>	3d. Fax No.	3e. Cell No.	3f. E-Mail Address <b>aroblin@hearst.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>TV Station</b>		4b. Principal product or service <b>News &amp; Entertainment</b>	
5a. Description of Unit Involved Included: <b>Operations Technicians &amp; Maintenance Technicians</b> Excluded: <b>News Gathering &amp; Reporting Staff</b>			5b. City and State where unit is located: <b>Omaha, NE</b>

6. No. of Employees in Unit <b>18</b>	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent <b>NABET-CWA Local 54041</b>		8b. Affiliation, if any <b>AFL-CIO</b>	
8c. Address <b>211 West Wacker Dr, Suite 1030 Chicago, IL 60606</b>		8d. Tel. No. <b>312-372-4111</b>	8e. Cell No.
		8f. Fax No. <b>312-372-4115</b>	8g. E-Mail Address <b>(b) (6), (b) (7)(C)</b>
9. Date of Recognition or Certification <b>March 12, 2017 (last contract)</b>		10. Expiration Date of Current or Most Recent <b>March 12, 2020</b>	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (insert Name) (insert Address) <b>N/A</b>		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) <b>N/A</b>			

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) <b>ASAP</b>	13c. Election Time(s) <b>ASAP</b>	13d. Election Location(s) <b>Omaha, NE</b>	

14. Full Name of Petitioner <b>(b) (6), (b) (7)(C)</b>			
14a. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C)</b>		14b. Tel. No. <b>(b) (6), (b) (7)(C)</b>	14c. Fax No. <b>N/A</b>
		14d. Cell No. <b>(b) (6), (b) (7)(C)</b>	14e. E-Mail Address <b>(b) (6), (b) (7)(C)</b>

14f. Affiliation, if any <b>KETV Employer, Maintenance Technician</b>			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name <b>(b) (6), (b) (7)(C)</b>		15b. <b>(b) (6), (b) (7)(C)</b>	
15c. Address (Street and number city, state, ZIP code) <b>(b) (6), (b) (7)(C)</b>		15d. Tel. No. <b>(b) (6), (b) (7)(C)</b>	15e. Fax No. <b>N/A</b>
		15f. Cell No. <b>(b) (6), (b) (7)(C)</b>	<b>(b) (6), (b) (7)(C)</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>(b) (6), (b) (7)(C)</b>	<b>(b) (6), (b) (7)(C)</b>	<b>(b) (6), (b) (7)(C)</b>	Date Filed <b>3-13-2020</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

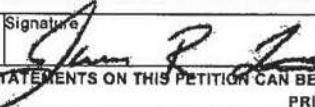
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>15-RC-257449</b>	Date Filed <b>March 4, 2020</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer <b>POTLATCH/DELTIC</b>		2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) <b>1720 US-82 WALDO, AR 71770</b>	
3a. Employer Representative - Name and Title <b>TOMMY DOWNS - MILL MANAGER</b>		3b. Parent Company Address (if same as 2b - state same) <b>601 W. 1ST AVE., SUITE 1600 SPOKANE, WA 99201</b>	
3c. Tel. No. <b>870-693-5555</b>	3d. Cell No.	3e. Fax No.	3d. E-Mail Address <b>TOMMY.DOWNS@POTLATCHDELTIC.COM</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>SAWMILL WAREHOUSE</b>		4b. Principal product or service <b>LUMBER PRODUCTION</b>	
		5a. City and State where unit is located: <b>WALDO, AR</b>	
5b. Description of Unit Involved Included: <b>ALL FULL AND REGULAR PART TIME PRODUCTION AND MAINTENANCE EMPLOYEES WORKING TAT THE COMPANY'S WALDO, AR LOCATION.</b> Excluded: <b>OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.</b>			6a. No. of Employees in Unit: <b>154</b> 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on <u>Petition will serve as request for recognition</u> and Employer declined recognition on or about _____ (date) (if no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state). <b>NONE</b>		8b. Address <b>N/A</b>	
8c. Tel. No. <b>N/A</b>	8d. Cell No. <b>N/A</b>	8e. Fax No. <b>N/A</b>	8f. E-Mail Address <b>N/A</b>
8g. Affiliation, if any <b>N/A</b>		8h. Date of Recognition or Certification <b>N/A</b>	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>N/A</b>	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>N/A</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) <b>NONE</b>			
10a. Name <b>N/A</b>	10b. Address <b>N/A</b>	10c. Tel. No. <b>N/A</b>	10d. Cell No. <b>N/A</b>
		10e. Fax No. <b>N/A</b>	10f. E-Mail Address <b>N/A</b>
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>MARCH 19, 2020</b>	11c. Election Time(s): <b>3:00 PM - 6:00 PM</b>		11d. Election Location(s): <b>SAWMILL SHIPPING SHED</b>
12a. Full Name of Petitioner (including local name and number) <b>IAMAW, AFL-CIO</b>		12b. Address (street and number, city, state, and ZIP code) <b>690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO</b>			
12d. Tel. No. <b>817-505-0100</b>	12e. Cell No.	12f. Fax No. <b>817-459-0107</b>	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title <b>JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE</b>		13b. Address (street and number, city, state, and ZIP code) <b>690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011</b>	
13c. Tel. No. <b>817-505-0100</b>	13d. Cell No. <b>682-401-7835</b>	13e. Fax No. <b>817-459-0107</b>	13d. E-Mail Address <b>JLITTLE@IAMAW.ORG</b>
I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) <b>JAMES R. LITTLE</b>	Signature 	Title <b>GRAND LODGE REPRESENTATIVE</b>	DATE <b>03/04/2020</b>

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**15-RC-258002**

Date Filed  
**March 16, 2020**

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

**2a. Name of Employer**  
Securitas Security Services U.S.A., Inc

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
8400 Wynlakes Blvd, Montgomery, AL 36117

**3a. Employer Representative - Name and Title**  
John Henert, VP LR

**3b. Address (If same as 2b - state same)**  
One South Wacker Dr #2150, Chicago, IL 60606

**3c. Tel. No.**  
312-521-6605

**3d. Cell No.**

**3e. Fax No.**  
312-521-6606

**3f. E-Mail Address**  
john.henert@securitasinc.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
RESIDENTIAL COMMUNITY

**4b. Principal product or service**  
SECURITY

**5a. City and State where unit is located:**  
Montgomery, AL

**5b. Description of Unit Involved**

**Included:** ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY SECURITAS SECURITY SERVICES, INC. @ 8400 WYNLAKES BLVD., MONTGOMERY, AL 36117

**Excluded:** ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

**6a. No. of Employees in Unit:**

10  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ **7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) (If no reply received, so state).** **NO**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**  
NONE

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** **NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
NONE

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
4/6/2020

**11c. Election Time(s):**  
5:00 - 7:00 AM & 1:00 - 3:00 PM

**11d. Election Location(s):**  
TBD

**12a. Full Name of Petitioner (including local name and number)**  
International Union, Security, Police and Fire Professionals of America (SPFPA)

**12b. Address (street and number, city, state, and ZIP code)**  
25510 Kelly Road, Roseville, MI 48066

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union, Security, Police and Fire Professionals of America (SPFPA)

**12d. Tel No.**  
586-772-7250 X111

**12e. Cell No.**  
586-872-5634

**12f. Fax No.**  
586-772-9644

**12g. E-Mail Address**  
organize@spfpa.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** Gordon Gregory, General Counsel

**13b. Address (street and number, city, state, and ZIP code)**  
65 Cadillac Square, Suite 3727, Detroit, MI 48226

**13c. Tel No.**  
313-964-5600

**13d. Cell No.**

**13e. Fax No.**  
313-964-2125

**13f. E-Mail Address**  
Gordon@UnionLaw.net

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
Dwayne Phillips

**Signature**

**Title**  
Organizing Director

**Date**  
3/12/2020

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

15-RC-258014

Date Filed

March 16, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:

MV Transportation, Inc

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

600 Transit Way Fort Walton Beach, FL 32547

3a. Employer Representative - Name and Title:

Dennis Franklin

3b. Address (if same as 2b - state same):

same

3c. Tel. No.

850-609-7001

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

dennis.franklin@mvtransit.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Transportation

4b. Principal Product or Service

Transit Services

5a. City and State where unit is located:

Fort Walton Beach, FL 32547

5b. Description of Unit Involved:

Included:

All Full-time and Regular Part-Time Drivers, Dispatchers, Utility and Route Lead-Persons

Excluded:

All Managers, Supervisors, Clerical Workers, Mechanics and Guards as defined by the Act

6a. Number of Employees in Unit:

48

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ NoCheck One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 03/13/2020 and Employer declined recognition on or about (Date) 03/13/2020 (If no reply received, so state).☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved?

If so, approximately how many employees are participating?

(Name of Labor Organization)

has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

Lavon Lindsey

10b. Address

112 S. Broad St. Mobile, AL, 36602

10c. Tel. No.

251-433-1521

10d. Cell No.

251-583-8359

10e. Fax No.

251-433-1524

10f. E-Mail Address

hdrooster@yahoo.com

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:

The election to be held on site and preferably on a Thursday.

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

03/19/2020 or 03/26/2020

11c. Election Time(s):

11:am - 5:00pm or 11:00am-1:00pm &amp; 2:pm - 5:00p

11d. Election Location(s):

600 Transit Way Fort Walton Beach, FL 32547

12a. Full Name of Petitioner (including local name and number):

Teamsters Local Union No. 991

12b. Address (street and number, city, State and ZIP code):

112 S Broad Street Mobile, AL 36602

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

International Brotherhood Of Teamsters

12d. Tel. No.

202-624-6800

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

www.teamster.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:

Lavon Lindsey

13b. Address (street and number, city, State and ZIP code):

112 S. Broad Street Mobile, AL 36602

13c. Tel. No.

251-433-1521

13d. Cell No.

251-583-8359

13e. Fax No.

251-433-1524

13f. E-Mail Address

hdrooster@yahoo.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Lavon Lindsey

Signature

Lavon Lindsey

Title

President/Business Agent

Date

03/13/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

FIRST AMENDED RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
15-RC-258014

Date Filed  
April 21, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION - RC-CERTIFICATION OF REPRESENTATIVE:** A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer MV Transportation, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 600 Transit Way, Fort Walton Beach, FL 32547	
3a. Employer Representative - Name and Title Dennis Franklin		3b. Address (if same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (850)609-7001	3d. Cell No.	3e. Fax No.	3f. E-Mail Address dennis.franklin@mvtransit.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Transportation		4b. Principal product or service Transit Services	
		5a. City and State where unit is located Fort Walton Beach, FL	

**5b. Description of Unit Involved**

Included: Included: All full-time and regular part-time Drivers, Road Supervisors, Dispatchers, Utility, Schedulers, and Reservationists.

Excluded: All Managers, Supervisors, Clerical Workers, Mechanics and Guards as defined by the Act.

**Excluded:**

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 3/13/2020 and Employer declined recognition on or about 3/13/2020 (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).  
None

8b. Address

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ No ☐ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None.

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type	Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
11b. Election Date(s)	11c. Election Time(s): Mail
11d. Election Location(s): Mail	

12a. Full Name of Petitioner (including local name and number) International Brotherhood of Teamsters, Local Union No. 991	12b. Address (street and number, city, state, and ZIP code) 112 S Broad St, Mobile, AL 36602-1109
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Brotherhood of Teamsters

12d. Tel. No. (251)433-1521	12e. Cell No. (251)583-8359	12f. Fax No. (225)433-1524	12g. E-Mail Address hdrooster@yahoo.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title Lavon Lindsey Business Agent	13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE
--	--

13c. Tel. No. SAME AS ABOVE	13d. Cell No. SAME AS ABOVE	13e. Fax No. SAME AS ABOVE	13f. E-Mail Address SAME AS ABOVE
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Lavon Lindsey	Signature <i>Lavon Lindsey</i>	Title Business Agent	Date 4/20/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
15-RD-257239Date Filed  
3/2/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Amfuel		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 601 Firestone Dr., Magnolia, Arkansas 71753	
3a. Representative - Name and Title Michael Accordinio, President		3b. Address (If same as 2b - state same) Same	
3c. Tel. No.	3d. Fax No.	3e. Cell No.	3f. E-Mail Address michael.accordinio@amfuel.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Manufacturing facility		4b. Principal product or service Rubber fuel bladders	
5a. Description of Unit Involved Included: All production, maintenance and truck driver employees at the Company in Magnolia, Arkansas Excluded: Office, clerical employees, professional and technical employees, watchmen guards, and supervisory			5b. City and State where unit is located: Magnolia, Arkansas
6. No. of Employees in Unit 273	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent United Steelworkers Local 607L AFL-CIO-CLC		8b. Affiliation, if any The United Steelworkers	
8c. Address Attention: Michael Martin 1300 Rollingbrook Drive, Suite 504 Baytown, TX 77521		8d. Tel. No. (501) 467-5226	8e. Cell No. (501) 467-5226
		8f. Fax No. (501) 778-3256	8g. E-Mail Address (b) (6), (b) (7)(C) @usw.org
9. Date of Recognition or Certification May 1, 2017		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) April 30, 2020	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) NA a labor organization, of (Insert Address) since (Month, Day, Year)			
12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) None			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address
13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Hold an election		13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) May 1, 2020	13c. Election Time(s) 10AM	13d. Election Location(s) Magnolia, Arkansas	
14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No.	14c. Fax No.
		14d. Cell No.	14e. E-Mail Address (b) (6), (b) (7)(C)
14f. Affiliation, if any Amfuel employee			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		15d. Tel. No.	15e. Fax No.
		15f. Cell No. (b) (6), (b) (7)(C)	15g. E-Mail Address (b) (6), (b) (7)(C)
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 02/28/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

16-RC-257874

Date Filed

3/11/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

Victory Wine Group

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

4009 Commercial Center Drive Suite 600  
TX Austin 78744

**3a. Employer Representative - Name and Title**

Derek Stames

**3b. Address (If same as 2b - state same)**

4009 Commercial Center Drive Suite 600  
TX Austin 78744

**3c. Tel. No.**

(480) 459-1955

**3d. Cell No.**

(512) 450-4860

**3e. Fax No.**

**3f. E-Mail Address**

derek.stames@victorywinegroup.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Beverages (Alcoholic)

**4b. Principal product or service**

Wine and Liquor Sales and Distribution

**5a. City and State where unit is located:**

Austin, TX

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**

12

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:**



7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
March 24, 2020

**11c. Election Time(s):**  
6:00-8:00 a.m.; 3:00-5:00 p.m.

**11d. Election Location(s):**  
Break Room

**12a. Full Name of Petitioner (including local name and number)**

Rick Miedema  
Teamsters Local No. 997

**12b. Address (street and number, city, state, and ZIP code)**

4200 South Freeway Suite 625  
TX Fort Worth 76115

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

International Brotherhood of Teamsters

**12d. Tel No.**

(817) 293-3782

**12e. Cell No.**

(817) 229-0127

**12f. Fax No.**

**12g. E-Mail Address**

rick.miedema@teamsters997.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

David Watsky Attorney  
Lyon, Gorsky & Gilbert, L.L.P.

**13b. Address (street and number, city, state, and ZIP code)**

12001 North Central Expressway Suite 650  
TX Dallas 75243

**13c. Tel No.**

(214) 965-0090

**13d. Cell No.**

(214) 415-7913

**13e. Fax No.**

(214) 965-0097

**13f. E-Mail Address**

dwatsky@lyongorsky.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

David Watsky

**Signature**

David K. Watsky

**Title**

Attorney

**Date**

03/11/2020 15:03:07

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

Employees Included  
Warehouse Workers and Drivers

Employees Excluded  
Managers and supervisors

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>18-RC-257613</b>	Date Filed <b>March 09, 2020</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Precision: <b>Land + Tree Clearing, LLC</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>7993 140th St. N MN Hugo 55038</b>	
3a. Employer Representative - Name and Title <b>Cory Groholski</b>		3b. Address (If same as 2b - state same) <b>7993 140th St. N MN Hugo 55038</b>	
3c. Tel. No. <b>(612) 685-3403</b>	3d. Cell No. <b>(612) 685-3403</b>	3e. Fax No. <b>(651) 482-8191</b>	3f. E-Mail Address <b>jascor@comcast.net</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Construction Services</b>		4b. Principal product or service <b>Landscape &amp; Tree removal</b>	
5b. Description of Unit Involved <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details			5a. City and State where unit is located: <b>Hugo, MN</b>
			6a. No. of Employees in Unit: <b>4</b>
			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **02/27/2020** and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). <b>Operating Engineers Local 49 Victor Ruzynski</b>		8b. Address <b>2829 Anthony Lane South MN Minneapolis 55418</b>	
8c. Tel. No. <b>(612) 788-9441</b>	8d. Cell No.	8e. Fax No. <b>(612) 788-1936</b>	8f. E-Mail Address <b>vruzynski@local49.org</b>
8g. Affiliation, if any		8h. Date of Recognition or Certification <b>04/30/2020</b>	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): <b>March 30, 2020</b>	11c. Election Time(s): <b>10:00 am</b>	11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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12a. Full Name of Petitioner (including local name and number) <b>Joni L Tulenchik Highway Construction Workers Local 78</b>	11d. Election Location(s): <b>Hugo, MN</b>
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>Christian Labor Association of the United States of America</b>	12b. Address (street and number, city, state, and ZIP code) <b>18505 State Hwy 371 MN Brainerd 56401</b>

12d. Tel. No. <b>(218) 454-5018</b>	12e. Cell No. <b>(320) 212-0058</b>	12f. Fax No. <b>(218) 454-5019</b>	12g. E-Mail Address <b>jtulenchik@cla-usa.com</b>
--	--	---------------------------------------	--

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title	13b. Address (street and number, city, state, and ZIP code)
13c. Tel. No.	13d. Cell No.
	13e. Fax No.
	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Joni L Tulenchik</b>	Signature <b>Joni L Tulenchik</b>	Title <b>National Representative</b>	Date <b>02/27/2020 13:54:14</b>
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

Employees Included

4

Employees Excluded

0

DO NOT WRITE IN THIS SPACE	
Case 18-RC-257613	Date Filed March 09, 2020

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

18-RC-257776

Date Filed

March 10, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

**2a. Name of Employer:**  
OT Training Solutions, LLC.

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
1500 HWY 15 Camp Ripley Bldg. 10-65 Little Falls, MN 53645

**3a. Employer Representative - Name and Title:**  
Joyce A. Ward  
Human Resource Manager

**3b. Address (if same as 2b - state same):**  
901 S Charles Richard Beall Blvd., Suite 12 Debary, FL 32713

**3c. Tel. No.**  
386-320-0456

**3d. Cell No.**  
407-406-4404

**3e. Fax No.**  
386-320-0115

**3f. E-Mail Address**  
jward@otts-llc.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Simulations / Warehouse

**4b. Principal Product or Service**  
Military Training Services

**5a. City and State where unit is located:**  
Little Falls, MN

**5b. Description of Unit Involved:**

**Included:** All full-time and regular part-time training support specialists, warehouse specialists, and TADSS Schedulers employed at the employer's 1500 HWY 15 Camp Ripley Bldg. 10-65 Little Falls, MN facility

**Excluded:** Office clerical employees, professional employees, guards and supervisors as defined by the act and all other employees.

**6a. Number of Employees in Unit:**  
3

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_ (Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election: Any such election

**11a. Election Type:**

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
March 31, 2020

**11c. Election Time(s):**  
1:00pm - 1:30pm

**11d. Election Location(s):**  
Break Room

**12a. Full Name of Petitioner (including local name and number):**  
District Lodge 77, International Association of Machinists and Aerospace Workers, AFL-CIO

**12b. Address (street and number, city, State and ZIP code):**  
1901 S. Meyers Rd., Suite 210 Oakbrook Terrace, IL 60181

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Association of Machinists and Aerospace Workers, AFL-CIO

**12d. Tel. No.**  
815-280-6400

**12e. Cell No.**  
815-214-4587

**12f. Fax No.**  
815-280-6345

**12g. E-Mail Address**  
wlepinske@iamaw.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
William J. LePinske

**13b. Address (street and number, city, State and ZIP code):**  
1901 S. Meyers Rd., Suite 210 Oakbrook Terrace, IL 60181

**13c. Tel. No.**  
815-280-6400

**13d. Cell No.**  
815-214-4587

**13e. Fax No.**  
815-280-6345

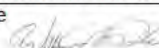
**13f. E-Mail Address**  
wlepinske@iamaw.org

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

William J. LePinske

**Signature**



Digitally signed by William J. LePinske  
DN: cn=William Joseph LePinske, o=International  
Association of Machinists and Aerospace Workers,  
ou=Local Lodge 77, email=wlepinske@iamaw.org, c=US  
Date: 2020.03.10 10:51:01 -0500

**Title**

Grand Lodge Representative

**Date**

3/10/2020

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
18-RC-258165

Date Filed  
March 18, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Alltech d/b/a Ridley		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 23650 State Hwy 60 NE MN Worthington 56187-	
<b>3a. Employer Representative - Name and Title</b> E. Michael Castle II		<b>3b. Address</b> (If same as 2b - state same) 3031 Catnip Hill Road KY Nicholasville 40356-	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Food Processing		<b>4b. Principal product or service</b>	
<b>5a. City and State where unit is located:</b> Worthington, MN		<b>5b. Description of Unit Involved</b>	
<b>Included:</b> See Attached Page 2 for additional details		<b>6a. No. of Employees in Unit:</b> 4	
<b>Excluded:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> April 2, 2020	<b>11c. Election Time(s):</b> 12:00 p.m. 12:45 p.m.	<b>11d. Election Location(s):</b> Conference Room	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>12a. Full Name of Petitioner (including local name and number)</b> Paula Steig Bakers Union Local No. 433		<b>12b. Address (street and number, city, state, and ZIP code)</b> 1248 River Dr SD North Sioux City 57049-	

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
Bakery, Confectionery, Tobacco Workers and Grain Millers International Union, AFL-CIO, CLC

<b>12d. Tel. No.</b> (605) 242-2821	<b>12e. Cell No.</b> (712) 577-0589	<b>12f. Fax No.</b> (605) 242-3816	<b>12g. E-Mail Address</b> bcfmbakerslocal433@gmail.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel. No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Paula Steig	<b>Signature</b> Paula Steig	<b>Title</b> President/Business Agent	<b>Date</b> 03/17/2020 14:43:08
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 18-RC-258165	Date Filed March 18, 2020

Employees Included  
All Drivers, Production and Maintenance Employees

Employees Excluded  
All Managers, Guards and Supervisors as defined in the AT



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

18-RC-258607

Date Filed

March 31, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Ramsey Companies  
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 8297 Brooklyn Blvd, Brooklyn Park MN  
3a. Employer Representative - Name and Title: Allan Ramsey  
3b. Address (if same as 2b - state same): 55445

3c. Tel. No. 612-529-0077  
3d. Cell No. 612-  
3e. Fax No. 612-529-0074  
3f. E-Mail Address info@ramseyco.com  
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction  
4b. Principal Product or Service Excavating  
5a. City and State where unit is located: Brooklyn Park MN  
5b. Description of Unit Involved:  
Included: All regular full-time and regular part-time drivers working for Ramsey Companies located in Brooklyn Park MN  
Excluded: Office Clerical, Professional, Managers, guards, all other employee  
6a. Number of Employees in Unit: 9  
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)  
8b. Address:

8c. Tel. No.  
8d. Cell No.  
8e. Fax No.  
8f. E-Mail Address  
8g. Affiliation, if any:  
8h. Date of Recognition or Certification  
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating?  
(Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)

10a. Name  
10b. Address  
10c. Tel. No.  
10d. Cell No.  
10e. Fax No.  
10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:  
11a. Election Type:  
☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 4/19/2020  
11c. Election Time(s): 7 AM  
11d. Election Location(s): Employee Breakroom

12a. Full Name of Petitioner (including local name and number): Teamsters Local 120  
12b. Address (street and number, city, State and ZIP code): 9422 Ulysses St NE Blaine MN 55434

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters

12d. Tel. No. 763-267-6120  
12e. Cell No. 651-343-1714  
12f. Fax No. 763-267-6121  
12g. E-Mail Address pslattery@teamsterslocal120.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  
13a. Name and Title: Paul Slattery - Organizer  
13b. Address (street and number, city, State and ZIP code): 9422 Ulysses St NE Blaine MN 55434

13c. Tel. No. 763-267-6120  
13d. Cell No. 651-343-1714  
13e. Fax No. 763-267-6121  
13f. E-Mail Address pslattery@teamsterslocal120.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) PAUL SLATTERY  
Signature Paul Slattery  
Title ORGANIZER  
Date 3/24/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
18-RC-258635

Date Filed  
March 31, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Abbott Northwestern Hospital		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 800 East 28th Street MN Minneapolis 55407-	
<b>3a. Employer Representative - Name and Title</b> Tim Kohls		<b>3b. Address</b> (If same as 2b - state same) Mail Route 10705 2925 Chicago Avenue South MN Minneapolis 55407-	
<b>3c. Tel. No.</b> (612) 262-5023	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (612) 262-4164	<b>3f. E-Mail Address</b> timothy.kohls@allina.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Healthcare		<b>4b. Principal product or service</b> Hospital	
<b>4c. City and State where unit is located:</b> Minneapolis, MN			

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 90
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 03/31/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). SEIU, Healthcare MN Jamie Gulley		<b>8b. Address</b> 345 Randolph Avenue Suite 100 MN St. Paul 55102-	
<b>8c. Tel No.</b> (651) 294-8100	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> (651) 294-8200	<b>8f. E-Mail Address</b> mac@seiuhealthcaremn.org
<b>8g. Affiliation, if any</b> 113		<b>8h. Date of Recognition or Certification</b> 06/30/2020	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> April 28, 2020	<b>11c. Election Time(s):</b> 6:30am to 8:30am to 2:30pm to 4:30pm	<b>11d. Election Location(s):</b> Abbott Northwestern
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**12a. Full Name of Petitioner (including local name and number)**  
Brenda K. Sollars  
Association of Diagnostic Imaging Technologists

**12b. Address (street and number, city, state, and ZIP code)**  
13750 Crosstown Drive NW Suite 108  
MN Andover 55304-5855

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

<b>12d. Tel No.</b> (763) 213-8252	<b>12e. Cell No.</b> (612) 423-0633	<b>12f. Fax No.</b> (763) 753-7463	<b>12g. E-Mail Address</b> xraybrendas@aol.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Brenda K. Sollars	<b>Signature</b> Brenda K. Sollars	<b>Title</b> President	<b>Date</b> 03/31/2020 12:04:11
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case 18-RC-258635	Date Filed March 31, 2020

#### Employees Included

All regularly scheduled full-time, part-time, and casual Diagnostic Imaging Technologists, Special Imaging Technologists, and Multi-Specialty Imaging Technologists.

#### Employees Excluded

All managers, guards, and supervisors as defined by the Act, and all other employees.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
19-RC-257250

Date Filed  
3/2/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Lourdes Medical Center		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 520 N 4th Ave WA Pasco 99301-	
<b>3a. Employer Representative - Name and Title</b> Linda Miller		<b>3b. Address (If same as 2b - state same)</b> 520 N 4th Ave WA Pasco 99301-	
<b>3c. Tel. No.</b> (509) 547-7704	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> linda.miller@lourdesonline.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare	<b>4b. Principal product or service</b> Healthcare		<b>5a. City and State where unit is located:</b> Pasco, WA

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 100
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> United Food and Commercial Workers Local 21 Matt Loveday		<b>8b. Address</b> 5030 1st Ave S, Ste 200 WA Seattle 98134-	
<b>8c. Tel No.</b> (206) 419-0433	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> mloveday@ufcw21.org
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b> 12/31/2021	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

11. **Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> March 25, 2020	<b>11c. Election Time(s):</b> 6am-8am, 11am-1pm, 6pm-8pm	<b>11d. Election Location(s):</b> on-site at Lourdes Medical Center
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<b>12a. Full Name of Petitioner (including local name and number)</b> Matt Loveday United Food and Commercial Workers Local 21	<b>12b. Address (street and number, city, state, and ZIP code)</b> 5030 1st Ave S, Ste 200 WA Seattle 98134-
--	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
United Food and Commercial Workers, AFL-CIO

<b>12d. Tel No.</b> (206) 419-0433	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> mloveday@ufcw21.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Matt Loveday	<b>Signature</b> Matt Loveday	<b>Title</b> Organizer	<b>Date</b> 03/2/2020 08:55:07
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



DO NOT WRITE IN THIS SPACE	
Case 19-RC-257250	Date Filed 3/2/2020

### Employees Included

All full-time, regular part-time, and per diem nonprofessional employees, including the following job classes: Central Supply Technicians, Emergency Technicians, Endoscopy Aides, Endoscopy Technicians, Financial Counselors, Health Unit Coordinators, Nursing Assistants, Nursing Assistants—Certified, Patient Transporters, Sterile Processing Aides, Sterile Processing Technicians, Surgical Support Aides, Radiology Aides, Rehab Aides, Registration Specialists, and Telemetry Technicians, employed by the Employer at Lourdes Medical Center, 520 N 4th Ave, Pasco, WA 99301.

### Employees Excluded

Excluded: All other employees, confidential employees, managerial employees and guards and supervisors as defined by the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-257499

Date Filed

3/5/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

Kay & Associates, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

165 N. Arlington Heights Road Suite 150  
IL Buffalo Grove 60089

**3a. Employer Representative - Name and Title**

Brad Kay

**3b. Address (If same as 2b - state same)**

165 N. Arlington Heights Road Suite 150  
IL Buffalo Grove 60089

**3c. Tel. No.**

(847) 255-8444

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

bradkay@kayinc.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Aerospace & Defense

**4b. Principal product or service**

Military Aircraft Maintenance and Repair

**5a. City and State where unit is located:**

Oak Harbor, WA

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**

30

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
Tuesday, March 24, 2020

**11c. Election Time(s):**  
11:00 a.m. - 1:00 p.m.

**11d. Election Location(s):**  
Break room or board room.

**12a. Full Name of Petitioner (including local name and number)**

Jesse Cote  
Aerospace Machinists Industrial, District Lodge 751, AFL-CIO

**12b. Address (street and number, city, state, and ZIP code)**  
9125 - 15th Place South  
WA Seattle 98108

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

International Association of Machinists & Aerospace Workers, AFL-CIO

**12d. Tel No.**

(206) 763-1300

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**

jessec@iam751.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

Spencer Nathan Thal Staff Attorney  
Aerospace Machinists Industrial, District Lodge 751

**13b. Address (street and number, city, state, and ZIP code)**

9125 - 15th Place South  
WA Seattle 98108

**13c. Tel No.**

(206) 764-0338

**13d. Cell No.**

**13e. Fax No.**

(206) 764-0303

**13f. E-Mail Address**

spencert@iam751.org

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Spencer Nathan Thal

**Signature**

Spencer Nathan Thal

**Title**

Staff Attorney

**Date**

03/5/2020 06:01:43

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
19-RC-257499	3/5/2020

### Employees Included

All full time and regular part-time aircraft mechanics 1, aircraft mechanics 2, aircraft mechanics 3, inspectors, supply technicians, logs and records and leads working for Kay and Associates, Inc. out of 950 West Essex Road, Oak Harbor WA 98278.

### Employees Excluded

As defined in the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-257543

Date Filed

3/5/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer:</b> Metalfab Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 5302 W. Can Giesen St., West Richland, WA 99353	
<b>3a. Employer Representative - Name and Title:</b> John Springer		<b>3b. Address (if same as 2b - state same):</b> 5302 W. Can Giesen St. West Richland, Wa 99353	
<b>3c. Tel. No.</b> 509-967-2946	<b>3d. Cell No.</b> 509-554-1763	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> info@metalfabwa.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Factory and construction		<b>4b. Principal Product or Service</b> Steel fabrication and erection	
<b>5a. City and State where unit is located:</b> Richland, WA		<b>5b. Description of Unit Involved:</b> <b>Included:</b> All shop employees. <b>Excluded:</b> All officer clericals, supervisors, guards as defined by the Act, and employees represented by other unions.	
<b>6a. Number of Employees in Unit:</b> 7		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 3/5/2020 and Employer declined recognition on or about (Date) no reply (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> N/A		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> N/A			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election: N/A			
<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> April 3, 2020		<b>11c. Election Time(s):</b> 10:00 AM	
<b>11d. Election Location(s):</b> 5302 W. Can Giesen St. West Richland, WA 99353			
<b>12a. Full Name of Petitioner (including local name and number):</b> Iron Workers District Council of the Pacific Northwest and its Affiliated Local Union #14		<b>12b. Address (street and number, city, State and ZIP code):</b> 110 Main St., #100, Edmonds, WA 98020	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Association of Bridge, Structural, Ornamental, and Reinforcing Iron Workers, AFL-CIO			
<b>12d. Tel. No.</b> 425-771-4766	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Danielle Franco-Malone		<b>13b. Address (street and number, city, State and ZIP code):</b> 18 West Mercer St., Ste. 400, Seattle, WA 98119	
<b>13c. Tel. No.</b> 206-257-6011	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 206-257-6047	<b>13f. E-Mail Address</b> franco@workerlaw.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Danielle Franco-Malone		<b>Signature</b> s/Danielle Franco-Malone	<b>Title</b> Attorney
		<b>Date</b> 3/5/2020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
19-RC-257661

Date Filed  
3/6/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Sound Mental Health		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 6400 Southcenter Blvd Tukwila, WA 98188	
3a. Employer Representative - Name and Title: Patrick C. Evans President and CEO		3b. Address (if same as 2b - state same): 6400 Southcenter Blvd Tukwila, WA 98188	
3c. Tel. No. 206-901-2000	3d. Cell No.	3e. Fax No. 206-901-2010	3f. E-Mail Address patrick.evans@sound.health
4a. Type of Establishment (Factory, mine, wholesaler, etc.) community behavioral health organization		4b. Principal Product or Service behavioral health services	5a. City and State where unit is located: Washington state
5b. Description of Unit Involved: Included: Please see addendum attached. Excluded: Please see addendum attached.		5a. Number of Employees in Unit: 570 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 03/06/20 and Employer declined recognition on or about (Date) 03/06/20 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 3/25/20 - 3/26/20	11c. Election Time(s): TBD	11d. Election Location(s): TBD	
12a. Full Name of Petitioner (including local name and number): SEIU Healthcare 1199NW		12b. Address (street and number, city, State and ZIP code): 15 South Grady Way, Suite 200 Renton, WA 98057	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union (SEIU)			
12d. Tel. No. 202-730-7000	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Akson Mounlamai Field Admin Assistant		13b. Address (street and number, city, State and ZIP code): 15 South Grady Way, Suite 200 Renton, WA 98057	
13c. Tel. No.	13d. Cell No. 425-919-7201	13e. Fax No. 425-971-9707	13f. E-Mail Address aksonm@seiu1199nw.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Akson Mounlamai	Signature 	Title Field Admin Assistant	Date 3/6/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Sound Mental Health  
Addendum to attach to Petition (RC)  
March 6, 2020

**Voting Group A (Non-Professional Employees)**

**Included:** All regular full-time, part-time, on-call and per diem employees in the following classifications employed by the Employer at all of its facilities of Sound Mental Health:

Admissions Service Representative, Benefits Specialist, Call Center Representative, Care Coordinator, Certified Peer Counselor, Cook, Courier, Health Information Technician, Janitorial Technician, Kitchen Aide, Lead Cook, Lead Facilities, LPN, LTC/MH Technician, LTC/Residential Counselor, LTC/Residential Counselor - On-Call, LTC/Residential Counselor - Per Diem, Maintenance Professional, Maintenance Tech, Maintenance Tech II, Medical Assistant, Medical Support Staff, Parent Partner, Resident Specialist, Residential Counselor, RHIT, SSVF Administrative Assistant, Support Staff, WDT Facilitator, WISE Facilitator, WISE Lead Facilitator, WISE Lead Family Peer, WISE Parent Partner, Youth Partner

**Excluded:** All other employees, managers, confidential employees, and supervisors, as defined in the Act.

**Voting Group B (Professional Employees)**

**Included:** All regular full-time, part-time, on-call and per diem employees in the following classifications employed by the Employer at all of its facilities of Sound Mental Health:

ARNP, AS Clinician Lead II, Boundary Spanner, Case Manager – CSS, Clinical Intake Spec & Farestart Counselor, Clinical Intake Specialist, Clinician, Clinician - Lead, Crisis Mental Health Specialist, Crisis Stabilization Counselor, Forensic Clinical Housing Support Specialist, Housing Case Manager, Housing Specialist, LTC/Residential Case Manager, Physician Assistant, Registered Nurse, Residential Nurse, SEP Vocational Specialist, SSVF Case Manager, SUD Clinician, SUD Clinician - Lead, Vocational Specialist, Wraparound Facilitator

**Excluded:** All other employees, managers, confidential employees, and supervisors, as defined in the Act.

**Request for Sonotone Election:** Petitioner requests a Sonotone election to ascertain whether or not the Professional Employees in voting group B wish to be included in a single unit with the Non-Professional Employees in voting group A for the purposes of collective bargaining.



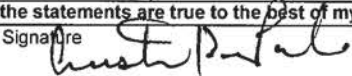
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
19-RC-257993Date Filed  
3/13/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> MPF Federal, LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 702 Russell Ave, Suite 440, Richland, WA 99354	
<b>3a. Employer Representative - Name and Title:</b> Tyson Bellamy		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 202-266-2441	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> tbellamy@mpffederal.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Federal Government Contracting		<b>4b. Principal Product or Service</b> Training and Technical Services	
<b>5a. City and State where unit is located:</b> Richland, WA		<b>5b. Description of Unit Involved:</b> <b>Included:</b> Patient Registration and Health Information Specialists, and Medical Assistants <b>Excluded:</b> Nurses, supervisors, managers and all other employees	
<b>6a. Number of Employees in Unit:</b> 19		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 3/12/20 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> Austin DePaolo		<b>8b. Address:</b> 1103 W. Sylvester St.	
<b>8c. Tel. No.</b> 509-547-7513	<b>8d. Cell No.</b> 509-551-9212	<b>8e. Fax No.</b> 509-546-2560	<b>8f. E-Mail Address</b> team839_adepaolo@outlook.com
<b>8g. Affiliation, if any:</b> Teamsters Local 839		<b>8h. Date of Recognition or Certification</b> <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="radio"/> If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b>		<b>11c. Election Time(s):</b>	
<b>11d. Election Location(s):</b>			
<b>12a. Full Name of Petitioner (including local name and number):</b> Austin DePaolo, Teamsters Local 839		<b>12b. Address (street and number, city, State and ZIP code):</b> 1103 W. Sylvester St., Pasco, WA 99301	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> 509-547-7513 x 13	<b>12e. Cell No.</b> 509-551-9212	<b>12f. Fax No.</b> 509-546-2560	<b>12g. E-Mail Address</b> team839_adepaolo@outlook.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Austin DePaolo, Business Agent		<b>13b. Address (street and number, city, State and ZIP code):</b> 1103 W. Sylvester St. Pasco, WA 99301	
<b>13c. Tel. No.</b> 509-547-7513 x 13	<b>13d. Cell No.</b> 509-551-9212	<b>13e. Fax No.</b> 509-546-2560	<b>13f. E-Mail Address</b> team839_adepaolo@outlook.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Austin DePaolo	<b>Signature</b> 	<b>Title</b> Business Agent	<b>Date</b> 3/12/20

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included  
Mental Health Technicians

Employees Excluded  
All other employees, confidential employees, clerical employees, and guards and supervisors as defined in the Act

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

19-RC-258041

Date Filed

3/13/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
ANNING-JOHNSON COMPANY

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
14700 NE 95th Suite #201, Redmond, WA. 98052

3a. Employer Representative - Name and Title  
Ryan Till - District Manager & Vice President

3b. Address (If same as 2b - state same)  
Same as above

3c. Tel. No.  
425-885-1990

3d. Cell No.  
N/A

3e. Fax No.  
425-869-5824

3f. E-Mail Address  
RTill@anningjohnson.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
CONSTRUCTION

4b. Principal product or service  
PLASTERING / FIREPROOFING

5a. City and State where unit is located:  
Redmond, Washington

5b. Description of Unit Involved

Included: SEE ATTACHED PAGE #2 FOR ADDITIONAL DETAILS

Excluded: SEE ATTACHED PAGE #2 FOR ADDITIONAL DETAILS

6a. No. of Employees in Unit:  
24

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
CEMENT MASONS AND PLASTERERS LOCAL 528

8b. Address  
6362 6TH AVE SOUTH, SEATTLE, WA. 98108

8c. Tel No.  
206-441-9386

8d. Cell No.  
206-919-5240

8e. Fax No.  
206-441-9018

8f. E-Mail Address  
SPELOQUIN@OPCMIALOCAL528.ORG

8g. Affiliation, if any  
OPCMIA-AFL-CIO

8h. Date of Recognition or Certification  
7-1-2019

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
5-31-2022

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number)

STEVEN PELOQUIN - CEMENT MASONS AND PLASTERERS LOCAL #528

12b. Address (street and number, city, state, and ZIP code)

6362 6TH AVE SOUTH, SEATTLE, WA. 98108

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
OPERATIVE PLASTERERS AND CEMENT MASONS INTERNATIONAL ASSOCIATION #528

12d. Tel No.  
206-441-9386

12e. Cell No.  
206-919-5240

12f. Fax No.  
206-441-9018

12g. E-Mail Address  
SPELOQUIN@OPCMIALOCAL528.ORG

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title STEVEN PELOQUIN-BUSINESS AGENT

13b. Address (street and number, city, state, and ZIP code)  
6362 6TH AVE SOUTH, SEATTLE, WA. 98108

13c. Tel No.  
206-441-9386

13d. Cell No.  
206-919-5240

13e. Fax No.  
206-441-9018

13f. E-Mail Address  
SPELOQUIN@OPCMIALOCAL528.ORG

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
STEVEN PELOQUIN

Signature

Title  
BUSINESS AGENT

Date  
3-13-20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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# PCMIA

*America's Oldest Building and Construction Trades  
International Union, Established 1864*

## Cement Masons & Plasterers Local 528

ATTACHMENT to 5b: Description of Unit involved

### EMPLOYEES INCLUDED

All full and regular part time Plasterers Journeyman and apprentices employed by the employer, in the territorial jurisdiction of Local No. 528 which includes: Chelan, Clallam, Douglas, West half of Ferry, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Okanogan, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Whatcom and Yakima.

### EMPLOYEES EXCLUDED

All other employees including those represented by other unions, guards and supervisors as defined in the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
19-RC-258057Date Filed  
3/16/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Asplundh Trees	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 10985 S.W. Clutter Rd. Sherwood Oregon 97140
3a. Employer Representative - Name and Title: DeWayne Emerson	3b. Address (if same as 2b - state same): Same

3c. Tel. No. 530-514-3312	3d. Cell No.	3e. Fax No.	3f. E-Mail Address demerson@Asplundh.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Tree Trimmers	4b. Principal Product or Service Trim Trees	5a. City and State where unit is located: Sherwood Oregon	
5b. Description of Unit Involved: Included: Forest Technician to be included with the existing bargaining agreement. Excluded: Managers, Supervisors and all other employees		6a. Number of Employees in Unit: 1	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 3-12-2020 and Employer declined recognition on or about (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)	8b. Address:
--	--------------

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election: As soon as possible  
11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number): Tim Titus - IBEW Local 125	12b. Address (street and number, city, State and ZIP code): 17200 N.E. Sacramento St. Portland Oregon 97230
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
IBEW Local 125

12d. Tel. No. 503-262-9125	12e. Cell No. 503-360-7404	12f. Fax No. 503-262-9947	12g. E-Mail Address tim@ibew125.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
13a. Name and Title:  
Tim Titus - Organisor  
13b. Address (street and number, city, State and ZIP code):  
17200 N.E. Sacramento St. Portland Oregon 97230

13c. Tel. No. 503-262-9125	13d. Cell No. 503-360-7404	13e. Fax No. 503-262-9947	13f. E-Mail Address tim@ibew125.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Tim Titus	Signature 	Title Organisor	Date 3-12-2020
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
19-RC-258144

Date Filed  
3-17-2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Intercontinental Truck Body

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
78 Gold Street Anaconda, MT 59711

3a. Employer Representative - Name and Title  
Cory Riley, Operations Manager

3b. Address (If same as 2b - state same)  
Same

3c. Tel. No.  
406-797-7900

3d. Cell No.  
406-581-5753

3e. Fax No.

3f. E Mail Address  
coryr@itbusa.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Manufacturing/Fabrication Facility

4b. Principal product or service  
Manufacturing and Fabricating equipment for loading ramps and tow vehicles

5a. City and State where unit is located:  
Anaconda, MT

**5b. Description of Unit Involved**

**Included:** All full time and regular part time production, fabrication, maintenance and facilities maintenance employees of the employer at the facility located at 78 Gold Street, Anaconda, MT 58711

**Excluded:** Temps, Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, supervisors, and other employees as defined by the Act.

6a. No. of Employees in Unit:  
18

8b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 3/17/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No Reply

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
None

8b. Address

8c. Tel No.

8d Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: if the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☐ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
APRIL 6, 2020

11c. Election Time(s):

11d. Election Location(s):  
Lunch room, 78 Gold Street Anaconda, MT 59711

12a. Full Name of Petitioner (including local name and number)  
International Association of Machinists and Aerospace Workers, Local Lodge 88

12b. Address (street and number, city, state, and ZIP code)  
156 West Granite Street Butte, MT 59701

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No.  
406-723-8044

12e. Cell No.  
406-565-0062

12f. Fax No.

12g. E-Mail Address  
troy@iamw24.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Jason Hardwick, Grand Lodge Representative

13b. Address (street and number, city, state, and ZIP code)  
620 Coolidge Rd., Suite 130, Folsom, CA 95630

13c. Tel No.  
916-985-8101

13d. Cell No.  
916-936-6013

13e. Fax No.  
916-985-8121

13f. E-Mail Address  
jhardwick@iamaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Jason Hardwick

Signature

Title  
Grand Lodge Representative

Date  
3/17/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No  
20-RC-257991

Date Filed  
3/13/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1 PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer** Dignity Health St. Francis Memorial Hospital **2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)** 900 Hyde St. San Francisco, CA 94109

**3a. Employer Representative Name and Title** Judy Coffin **3b. Address (if same as 2b state same)** 185 Berry Street, Suite 300, San Francisco, CA 94107

**3c. Tel No** (415) 438-5755 **3d. Cell No** **3e. Fax No** 415-438-5726 **3f. E-Mail Address** judy.coffin@dignityhealth.org

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Healthcare **4b. Principal product or service** Healthcare **5a. City and State where unit is located:** San Francisco, CA

**5b. Description of Unit Involved**  
**Included:** All Medical Social Workers, Licensed Social Workers, and Marriage & Family Therapists  
**Excluded:** All other classifications including but not limited to guards, managers, confidential employees and supervisors as defined by the Act  
**6a. No. of Employees in Unit** 17  
**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) by the petition and Employer declined recognition on or about** \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act**

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state).** None **8b. Address**

**8c. Tel No** **8d. Cell No** **8e. Fax No** **8f. E-Mail Address**

**8g. Affiliation if any** **8h. Date of Recognition or Certification** **8i. Expiration Date of Current or Most Recent Contract if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No **if so, approximately how many employees are participating?** \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9 which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above (if none, so state)**

**10a. Name** None **10b. Address** **10c. Tel No** **10d. Cell No**  
**10e. Fax No** **10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election **11a. Election Type** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s)** April 7, April 14, or April 15 **11c. Election Time(s)** 12:30pm-1:30pm **11d. Election Location(s)** Lower Level conference room C

**12a. Full Name of Petitioner (including local name and number)** Service Employees International Union United Healthcare Workers West **12b. Address (street and number, city, state, and ZIP code)** 560 Thomas L. Berkeley Way Oakland, CA 94612


**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)** Service Employees International Union

**12d. Tel No** 510 251 1250 **12e. Cell No** **12f. Fax No** **12g. E-Mail Address** mmason@seiuuhw.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** William T. Hanley, Attorney **13b. Address (street and number, city, state, and ZIP code)** 1001 Marina Village Parkway Suite 200 Alameda CA 94501  
**13c. Tel No** 510 337 1001 **13d. Cell No** **13e. Fax No** 510 337 1023 **13f. E-Mail Address** whanley@unioncounsel.net; nlrnotices@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)** William T. Hanley **Signature**  **Title** Attorney **Date** March 13, 2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RC-257995

Date Filed

Mar. 13, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
American Medical Response

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
99-840 Iwaiwa St. #1, Aiea, HI 96701

**3a. Employer Representative - Name and Title:**  
Andy Ancheta, Operations Manager

**3b. Address (if same as 2b - state same):**  
Same

**3c. Tel. No.**  
808-487-2221

**3d. Cell No.**  
N/A

**3e. Fax No.**  
N/A

**3f. E-Mail Address**  
andrew.ancheta@amr.net

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Healthcare

**4b. Principal Product or Service**  
Ambulance Transportation

**5a. City and State where unit is located:**  
Honolulu, Hawaii

**5b. Description of Unit Involved:**

**Included:**

"CCT (Critical Care) RN's (Nurses) -- See Attachment A

**Excluded:**

See Attachment A

**6a. Number of Employees in Unit:**  
93

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state)**  
International Association of EMT's and Paramedics

**8b. Address:**  
159 Burgin Parkway, Quincy, MA 02169

**8c. Tel. No.**  
530-338-1711

**8d. Cell No.**  
906-709-6270

**8e. Fax No.**

**8f. E-Mail Address**  
dsardad@nage.org

**8g. Affiliation, if any:**  
Nat'l Assoc. of Gov't Employees SEIU L. 5000

**8h. Date of Recognition or Certification**  
N/A

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** 09-30-2019

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** ☒ No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)** None

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election: **CCT RN's share a community of interest with existing BU members**

**11a. Election Type:**  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
4 March 2020

**11c. Election Time(s):**  
7am to 10am

**11d. Election Location(s):**  
99-840 Iwaiwa St. #1 Aiea, HI 96701

**12a. Full Name of Petitioner (including local name and number):**

International Association of EMT's and Paramedics (IAEP)

**12b. Address (street and number, city, State and ZIP code):**

159 Burgin Parkway, Quincy, MA 02169

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**

National Association of Government Employees (NAGE) SEIU Local 5000

**12d. Tel. No.**

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**

Dary Sardad, National Representative

**13b. Address (street and number, city, State and ZIP code):**

159 Burgin

**13c. Tel. No.**

**13d. Cell No.**  
916-709-6270

**13e. Fax No.**

**13f. E-Mail Address**  
dsardad@nage.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Dary Sardad

Signature



Title

National Representative

Date

13 Mar 2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

## Attachment A

To RC Petition filed on \_\_\_\_\_ by International Association of EMT's and Paramedics (IAEP) for *Armour-Globe* self-determination election to add CCT (Critical Care) RN's (Nurses) to existing bargaining unit.

5b. Description of Unit Involved:

**Included:**

All full-time and regular part-time CCT (Critical Care) RN's (Nurses) employed by the Employer in the City and County of Honolulu, in the State of Hawaii.

These employees are petitioning to join the existing IAEP-represented Unit of "All full time and part-time MICTs, EMTs employed by the Employer in the City and County of Honolulu, in the State of Hawaii."

**Excluded:**

All other employees and supervisors as defined in the Act.

RECEIVED  
NLRB SUB-REGION 37  
2020 MAR 13 AM 11:18  
HONOLULU, HAWAII



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


20-RC-258155

Date Filed

3/18/202

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 5b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Recology Golden Gate		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 900 7th Street, San Francisco, CA 94107	
<b>3a. Employer Representative - Name and Title:</b> Anthony S. Crescenti, General Manager		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (408) 464-4394	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> acrescenti@recology.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Sanitation		<b>4b. Principal Product or Service</b> Sanitation	
<b>5a. City and State where unit is located:</b>		<b>5b. Description of Unit Involved:</b> Included: See attached Excluded:	
<b>6a. Number of Employees in Unit:</b>		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ by this petition and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state):</b> Teamsters Local 350		<b>8b. Address:</b> 295 - 89th Street, Suite 304, Daly City, CA 94015-1729	
<b>8c. Tel. No.</b> (650) 757-7290	<b>8d. Cell No.</b> (650) 272-7016	<b>8e. Fax No.</b> (650) 757-7294	<b>8f. E-Mail Address</b> j.coca@ibtlocal350.com
<b>8g. Affiliation, if any:</b> International Brotherhood of Teamsters		<b>8h. Date of Recognition or Certification</b> <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None.			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b>		<b>11c. Election Time(s):</b>	
<b>11d. Election Location(s):</b>			
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 350		<b>12b. Address (street and number, city, State and ZIP code):</b> 295 - 89th Street, Suite 304, Daly City, CA 94015-1729	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> (650) 757-7290	<b>12e. Cell No.</b> (650) 272-7016	<b>12f. Fax No.</b> (650) 757-7294	<b>12g. E-Mail Address</b> j.coca@ibtlocal350.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Sheila K. Sexton, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 483 Ninth Street, Ste. 200, Oakland, CA 94607	
<b>13c. Tel. No.</b> (510) 625-9700	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (510) 625-8275	<b>13f. E-Mail Address</b> ssexton@beesontayer.com;
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Sheila K. Sexton		<b>Signature</b> 	<b>Title</b> Attorney for Petitioner
		<b>Date</b> 03/18/20	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

## **ATTACHMENT TO RC PETITION**

### **RECOLOGY GOLDEN GATE**

Petitioner seeks to represent the Employer's Diversion Auditors through a "Globe" self-determination election, which will ascertain the desires of these employees to be represented by the Petitioner in a stand-alone unit or to be included in the existing unit.

#### **5b. Description of Unit Involved:**

##### **Current Unit.**

**Included:** All full-time and regular part-time Helper/Driver, Recycling Collector, Commercial Driver, Route Leadperson/Fan 3, Shop Foreperson, Assistant Shop Foreperson, Mechanic/Truck Welder, Shop Person employees employed by the Employer.

**Excluded:** Supervisors and guards, as defined in the Act.

##### **Proposed Unit.**

**Included:** SAME AS ABOVE BUT ADD Diversion Auditor employees

**Excluded:** Supervisors and guards, as defined in the Act.

#### **6a. Number of Employees in Unit:**

**Current Unit** – approximately 200

**Proposed Unit** – approximately 206



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

20-RD-257265

Date Filed

3/2/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Toyota of Vallejo		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 201 Automall Parkway, Vallejo, CA 94591	
3a. Employer Representative - Name and Title Jeff Wilson, Owner		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (707) 504-0880	3d. Fax No.	3e. Cell No.	3f. E-Mail Address jeff@toyotavallejo.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Car Dealership		4b. Principal product of service Car Sales	
5a. Description of Unit Involved Included: See Attachment Excluded:			5b. City and State where unit is located: Vallejo, California

6. No. of Employees in Unit 30 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ☒ Yes ☐ No

8a. Name of Recognized or Certified Bargaining Agent Machinists Local Lodge 1173		8b. Affiliation, if any	
8c. Address 1900 Bates Ave # H, Concord, CA 94520		8d. Tel. No. (925) 457-8341	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address bfealy1173@sbcglobal.net

9. Date of Recognition or Certification DEC 6, 2013	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) DEC 5, 2016
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of (Insert Address) since (Month, Day, Year)	

12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)			
12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) March 25, 2020	13c. Election Time(s) 11:00 AM- 11:30 AM	13d. Election Location(s) 201 Automall Parkway, Vallejo, CA 94591	

14. Full Name of Petitioner (b) (6), (b) (7)(C)			
14a. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C)		14b. Tel. No. (b) (6), (b) (7)(C)	14c. Fax No.
		14d. Cell No.	14e. E-Mail Address (b) (6), (b) (7)(C)

14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name (b) (6), (b) (7)(C)		15b. Title (b) (6), (b) (7)(C)	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No. (b) (6), (b) (7)(C)	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address (b) (6), (b) (7)(C)

I declare that I have read the above petition and (b) (6), (b) (7)(C) my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date Filed 3/2/20	

WILLFUL FALSE STATEMENTS OF FACT OR MISREPRESENTATION OF FACTS AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

## AGREEMENT

THIS AGREEMENT by and between TOYOTA OF VALLEJO, hereinafter known as the "EMPLOYER" and MACHINISTS AUTOMOTIVE TRADES DISTRICT LODGE NO. 190 OF NORTHERN CALIFORNIA, for an on behalf of AUTOMOTIVE MACHINISTS LODGE NO. 1173, INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, hereinafter referred to as the "UNION" shall be as follows:

### WITNESSETH

#### SECTION 1 RECOGNITION

1.01 The Employer and the Union hereby agree to be bound by the following specifications covering hours, wages, and working conditions for those employees and for who wages and benefits are provided herein. The Employer recognizes the Union as the exclusive bargaining representative for all employees covered by this Agreement at its facility at 201 Auto Mall Parkway, Vallejo, CA 94591.

#### SECTION 2

##### UNION SECURITY

2.01 Employees covered by this Agreement who are not members of the Union shall, as a condition of their continued employment, tender to the Union the customary initiation fee and monthly dues uniformly required within thirty-one (31) days after the beginning of their employment or the execution date of this Agreement, whichever is the later.

2.02 The Employer shall discharge any employee who has not complied with paragraph 2.01 of this section within five (5) working days after the Union provides the Employer written notice of such non-compliance.

2.03 The Union agrees to hold the Employer harmless from any claims, damages, or suits arising out of or by reason of the enforcement of the Union Security provisions contained herein.

#### SECTION 3 NOTIFICATION OF HIRE AND TERMINATION

3.01 After the hiring of any employee covered by this Agreement and within twenty four (24) hours of such employment, the Employer shall direct said employee to the office of the Union, along with a registration form provided for that purpose, setting forth the employee's date of hire, classification, and rate of pay. Said registration form shall be given by the Employer to the employee, to be presented to the Union. The Union will then fill out a triplicate form including the above information, one copy clearly marked "EMPLOYER'S COPY", one clearly marked "SHOP STEWARDS COPY", and one copy to be retained by the Union. During the first sixty (60) calendar days of

Excluding:  
confidential  
guards and  
supervisors as defined by the  
National Labor Relations Act

RECEIVED  
MLRB, REGION 20  
JAN 22 2002



## RM PETITION

DO NOT WRITE IN THIS SPACE

Case No

20-RM-257482

Date Filed

3/5/2020

**INSTRUCTIONS:** Unless e Filed using the Agency's website [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

**2a. Name of Employer/Petitioner:**  
Asplundh Tree Expert, LLC

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
45-020 B Malulani St., Kaneohe, HI 96744

**3a. Employer/Petitioner Representative - Name and Title**  
John Dettl, VP of Labor Relations

**3b. Address (if same as 2b - state same):**  
708 Blair Mill Rd, Willow Grove, PA 19090

**3c. Tel No**  
215.784.4318

**3d. Cell No**  
215.284.5816

**3e. Fax No**

**3f. E-Mail Address**  
jdettl@utillservcorp.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Tree trimming

**4b. Principal Product or Service**  
Tree trimming services to utilities

**5a. Description of Unit Involved:**  
**Included:**  
See attached  
**Excluded:**  
See attached

**5b. City and State where unit is located**

**6. Number of Employees in Unit**  
17

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

☐ 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_

☒ 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative

**8a. Name of Recognized or Certified Bargaining Agent - Name**  
International Brotherhood of Electrical Workers Local 1260

**8b. Affiliation, if any**

**8c. Address**  
700 Bishop Street, Suite 1600  
Honolulu, HI 96813

**8d. Tel No**  
808.941.9445

**8e. Cell No**

**8f. Fax No**  
808.946.1260

**8g. E-Mail Address**  
office@ibewlocal1260.org

**9. Date of Recognition or Certification**  
December 21, 2018

**10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
05/16/2020

**11. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**12. Organizations or individuals other than those named in item 8 which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above (If none, so state)**  
None

**12a. Name and affiliation, if any**

**12b. Address**

**12c. Tel No**

**12d. Cell No**

**12e. Fax No**

**12f. E-Mail Address**

**13. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election

**13a. Election Type**  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**13b. Election Date(s)**  
March 24-26

**13c. Election Time(s)**  
6:30-7 a.m. (Kea'au), 5:30-6 p.m. (Captain)

**13d. Election Location(s)**  
Kea'au and Captain Cook

**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**14a. Name and Title**  
Sarah Rain, Attorney

**14b. Address (street and number, city, State and ZIP code):**  
111 Monument Circle, Suite 4600  
Indianapolis, IN 46202

**14c. Tel No**  
317.916.2167

**14d. Cell No**  
248.660.5726

**14e. Fax No**  
317.916.9076

**14f. E-Mail Address**  
sarah.rain@ogletree.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Sarah M. Rain

**Signature**

**Title**  
Attorney

**Date**  
03/05/20

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

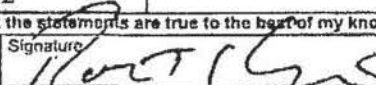
21-RC-257335

Date Filed

3-3-2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> PSAV San Diego Branch		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 7365 Mission Gorge Rd Ste H, San Diego CA 92120-1274	
<b>3a. Employer Representative - Name and Title:</b> Natalie Hobson, Regional VP		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> 619 952 3931	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> nhobson@psav.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Contractor		<b>4b. Principal Product or Service</b> Audio visual services	
<b>5b. Description of Unit involved:</b> Included: See attached Excluded: See attached		<b>5a. City and State where unit is located:</b> San Diego CA <b>6a. Number of Employees in Unit:</b> 20+ <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ on or about (Date) _____ (If no reply received, so state). and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b> <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> Election sought <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> March 16, 2020		<b>11c. Election Time(s):</b> 8am to 8pm	
<b>11d. Election Location(s):</b> SDCC and warehouse			
<b>12a. Full Name of Petitioner (including local name and number):</b> Int'l Alliance of Theatrical Stage Employees, Local 122		<b>12b. Address (street and number, city, State and ZIP code):</b> 3737 Camino Del Rio South Ste 307, San Diego CA 92108	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Int'l Alliance of Theatrical Stage Employees, AFL-CIO			
<b>12d. Tel. No.</b> 619 640 0042	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> richard@iatse122.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Robert S. Giolito, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 11755 Wilshire Blvd Ste 1600, Los Angeles CA 90025	
<b>13c. Tel. No.</b> 310 935 3555	<b>13d. Cell No.</b> 310 897 1082	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> rgiolito@giolitolaw.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Robert S. Giolito		<b>Signature</b> 	<b>Date</b> 3/2/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



Attachment to Petition for Election

PSAV San Diego Branch

Included:

All full time and regular part-time employees employed by the Employer in San Diego County, including all warehouse technicians, drivers, riggers, lead riggers, technicians, technical specialists, technical leads, and technical supervisors.

Excluded:

All directors, managers, coordinators, supervisors, office clericals, and guards, including regional directors, warehouse directors, sales directors, operations directors, regional managers, HR managers, warehouse managers, operations managers, project managers, sales managers, project coordinators, sales coordinators, rigging coordinators, customer service reps, customer service specialists, customer account specialists, senior warehouse technicians, recruiters, administrative assistants, executive assistants, and interns.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

21-RC-257498

Date Filed

3-04-2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Spectrum Security Services, Inc		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1633 E 4th St., Suite #238, CA Santa Ana 92701-	
3a. Employer Representative - Name and Title Henry Lewis		3b. Address (if same as 2b - state same) 1633 E 4th St., Suite #238, CA Santa Ana 92701-	
3c. Tel. No. (714) 542-9600	3d. Cell No. (949) 812-8959	3e. Fax No. (714) 542-9696	3f. E-Mail Address henry.lewis@spectrumdetentionservices.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Security Systems & Services		4b. Principal product or service Security	
5b. Description of Unit Involved <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		5a. City and State where unit is located: Los Angeles, CA	
		6a. No. of Employees in Unit: 93	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). International Union, Security Police & Fire Professionals of America SPFPA & its Amalgam		8b. Address 25510 Kelly Road MI Roseville 48066-	
8c. Tel No. (800) 228-7492	8d. Cell No. (586) 709-9563	8e. Fax No. (586) 772-9644	8f. E-Mail Address DLHICKEY01@aol.com
8g. Affiliation, if any		8h. Date of Recognition or Certification 03/01/2017	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 02/29/2020

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): 3/23/20	11c. Election Time(s): 5:30 am to 6:30 am & 1:30 pm to 2:30 pm	11d. Election Location(s): 300 N Los Angeles St. Federal Building & 34 Civic Center Plaza, Santa A
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12a. Full Name of Petitioner (including local name and number) STEVE MARITAS Law Enforcement Officers Security Unions LEOSU, LEOS-PBA	12b. Address (street and number, city, state, and ZIP code) 1155 F STREET NW #1050 DC Washington DC 20004-
---	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA

12d. Tel No. (202) 595-3510	12e. Cell No. (202) 486-8558	12f. Fax No. (202) 595-3510	12g. E-Mail Address Leosunions@gmail.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title		13b. Address (street and number, city, state, and ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.	13f. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) STEVE MARITAS	Signature Steve Maritas	Title Organizing Director	Date 03/5/2020 13:40:56
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
21-RC-257498	3-04-2020

**Employees Included**

All full-time and regular part-time detention officers performing guard duties as defined in Section 9(b)(3) of the Act employed by the Employer in Los Angeles & Orange Counties

**Employees Excluded**

all other employees, office clerical employees, professional employees captains, lieutenants, sergeants, corporals and supervisors as defined by the Act.


UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-257595**Date Filed  
**3-6-2020**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: <b>Epsilon System Solutions, Inc.</b>		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): <b>Building 42 NAS North Island, Coronado, CA</b>	
3a. Employer Representative - Name and Title: <b>Chelsea Wignall, Human Resources</b>		3b. Address (if same as 2b - state same): <b>Same</b>	
3c. Tel. No. <b>619.702.1700</b>	3d. Cell No. <b>619.573.7827</b>	3e. Fax No.	3f. E-Mail Address <b>cwignall@epsilonsystems.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Military Contractor</b>		4b. Principal Product or Service <b>Military Support</b>	5a. City and State where unit is located: <b>Coronado, CA</b>
5b. Description of Unit Involved: <b>Included: All full-time and regular part-time Hoist Technicians.</b>  <b>Excluded: All managers, guards and supervisors as defined by the Act.</b>			6a. Number of Employees in Unit: <b>4</b>  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>By petition</b> and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) <b>None</b>		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer(s) establishment(s) involved? <b>No</b> If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) <b>None</b>			
10a. Name		10b. Address	10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): <b>Tuesday, March 26<sup>th</sup>, 2020</b>		11c. Election Time(s): <b>11:00 a.m. - 11:15 a.m.</b>	11d. Election Location(s): <b>Building 42 Break Room or Conference</b>
12a. Full Name of Petitioner (including local name and number): <b>International Association of Machinists and Aerospace Workers, District Lodge 725</b>		12b. Address (street and number, city, State and ZIP code): <b>5150 Kearney Mesa Road San Diego, CA 92111</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): <b>International Association of Machinists and Aerospace Workers, AFL-CIO</b>			
12d. Tel. No. <b>619-906-0394</b>	12e. Cell No.	12f. Fax No.	12g. E-Mail Address <b>jmauldin@iam725.org</b>
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: <b>Caren P. Sencer, Attorney</b>		13b. Address (street and number, city, State and ZIP code): <b>Weinberg, Roger &amp; Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501</b>	
13c. Tel. No. <b>510-337-1001</b>	13d. Cell No.	13e. Fax No. <b>510-337-1023</b>	13f. E-Mail Address <b>NLRBnotices@unioncounsel.net</b>
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) <b>Caren P. Sencer</b>		Signature 	Title <b>Attorney</b> Date <b>3/6/2020</b>

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT 11073812

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

**21-RC-258117**

Date Filed

**3-17-2020**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

CARE Ambulance

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

1517 W Braden Ct  
CA Orange 92868-

**3a. Employer Representative - Name and Title**

Mike Gorman

**3b. Address (If same as 2b - state same)**

1517 W Braden Ct  
CA Orange 92868-

**3c. Tel. No.**

(714) 288-3800

**3d. Cell No.**

(702) 465-6723

**3e. Fax No.**

**3f. E-Mail Address**

michael.gorman@falck.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Healthcare

**4b. Principal product or service**

Ambulance Transport

**5a. City and State where unit is located:**

Orange, CA

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**  
1077

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
5/4, 5/5, 5/6

**11c. Election Time(s):**  
8am to 12pm and 3pm to 7pm all three days

**11d. Election Location(s):**  
1517 West Braden Ct, Orange, CA 92869, 16007 camino De La Cantera

**12a. Full Name of Petitioner (including local name and number)**

Michael Linville  
International Association of EMT's and Paramedics (IAEP), National Association of Government employees (NAGE).

**12b. Address (street and number, city, state, and ZIP code)**

159 Burgin Parkway  
MA Quincy 02169-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

International Association of EMT's and Paramedics (IAEP), National Association of Government Employees (NAGE), Service Employees International Union

**12d. Tel No.**

(961) 334-6505

**12e. Cell No.**

(951) 334-6505

**12f. Fax No.**

**12g. E-Mail Address**

mlinville@nage.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

**13b. Address (street and number, city, state, and ZIP code)**

**13c. Tel No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Michael Linville

**Signature**

Michael Linville

**Title**

Organizer

**Date**

03/17/2020 13:51:30

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case <b>21-RC-258117</b>	Date Filed <b>3-17-2020</b>

#### Employees Included

All full-time and part-time Emergency Medical Technicians (EMT's) and paramedics (EMT- P's), working in and out of the employers stations, operations centers, buildings, deployment centers, satellite stations located in Los Angeles (County) and Orange County, including but not limited to the following locations: 1517 West Branden Ct, Orange, CA 92868; 16007 Camino De La Cantera, Irwindale, CA, 91006; 12160 Mora Dr., Sante Fe Springs, CA, 90670; 13329 Garvey, Baldwin Park, CA 91706

#### Employees Excluded

All office and clerical personnel, Dispatchers, Nurses, guards and supervisors as defined by the Act



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RD-258082

Date Filed

3-17-2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)</b> - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> Kaiser Permanente Southern Permanente Med. Grp.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)</b> See attached	
<b>3a. Employer Representative - Name and Title</b> Richard Rosas, Sr. Dir. Labor Rel.		<b>3b. Address (If same as 2b - state same)</b> 4700 Sunset Blvd., Los Angeles, CA 90027	
<b>3c. Tel. No.</b> 626/405.5698	<b>3d. Fax No.</b> 626/405.6739	<b>3e. Cell No.</b>	<b>3f. E-Mail Address</b> richard.d.rosas@kp.org
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Acute care, clinic, medical office buildings and other			<b>4b. Principal product or service</b> health care
<b>5a. Description of Unit Involved</b> <b>Included:</b> All full-time, part-time, and per diem speech therapists, audiologists, dietitians, and health educators <b>Excluded:</b> Guards and supervisors as defined in the Act.			<b>5b. City and State where unit is located:</b> Throughout Southern California
<b>6. No. of Employees in Unit</b> 413	<b>7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>8a. Name of Recognized or Certified Bargaining Agent</b> National Union of Healthcare Workers			<b>8b. Affiliation, if any</b>
<b>8c. Address</b> 225 W. Broadway, Ste 400 Glendale, CA 91204		<b>8d. Tel. No.</b> 818/241.0140	<b>8e. Cell No.</b>
		<b>8f. Fax No.</b> 818/241.0141	<b>8g. E-Mail Address</b> srosselli@nuhw.org
<b>9. Date of Recognition or Certification</b> ~2010		<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 09/30/18	
<b>11a. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>11b. If so, approximately how many employees are participating?</b>	
<b>11c. The Employer has been picketed by or on behalf of (Insert Name)</b> (Insert Address)		<b>a labor organization, of</b> since (Month, Day, Year)	
<b>12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)</b>			
<b>12a. Name</b> United Nurses Associations of California/Union of Health Care Professionals, AFSMCE	<b>12b. Address</b> 955 Overland Ct., Ste 150 San Dimas, CA 91773	<b>12c. Tel. No.</b> 909/451.0610	<b>12d. Fax No.</b> 909/618.0659
		<b>12e. Cell No.</b> 909/741.0330	<b>12f. E-Mail Address</b> pamela.chandran@unacuhcp.org
<b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>13a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>13b. Election Date(s)</b> April 6, 2020	<b>13c. Election Time(s)</b>		<b>13d. Election Location(s)</b>
<b>14. Full Name of Petitioner</b> (b) (6), (b) (7)(C)			
<b>number, city, state, ZIP code)</b> (b) (6), (b) (7)(C)		<b>14b. Tel. No.</b> (b) (6), (b) (7)(C)	<b>14c. Fax No.</b>
		<b>14d. Cell No.</b>	<b>14e. E-Mail Address</b> (b) (6), (b) (7)(C)
<b>14f. Affiliation, if any</b>			
<b>15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>15a. Name</b> Pamela Chandran		<b>15b. Title</b> Legal Counsel	
<b>15c. Address (Street and number, city, state, ZIP code)</b> UNAC/UHCP 955 Overland Ct., Ste 150 San Dimas, CA 91773		<b>15d. Tel. No.</b> 909/451.0610	<b>15e. Fax No.</b> 909/618.0659
		<b>15f. Cell No.</b> 909/741.0330	<b>15g. E-Mail Address</b> pamela.chandran@unacuhcp.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Pamela Chandran	<b>Signature</b> Pamela Chandran	<b>Title</b> Legal Counsel	<b>Date Filed</b> 03/16/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

**Workplaces of Southern California Professionals Group – Speech Therapists, Audiologists, Dietitians, Health Educators**

1526 Edgemont MOB Speech Therapy-Regular Clinic  
 1526 Edgemont MOB Transplants-Liver-Outpatient  
 4700 Sunset MOB ESRD Multidiscipline  
 4700 Sunset MOB Mental Hlth/Psychiatry-RegClin  
 4700 Sunset MOB Pediatrics-Cystic Fibrosis  
 4700 Sunset MOB Pediatrics-Hematology/Oncology  
 Alton/Sand Canyon MOB 1 Head and Neck-Audiology  
 Alton/Sand Canyon MOB 1 Speech Therapy-Regular Clinic  
 Anaheim Kraemer Med Office I Head and Neck-Audiology  
 Anaheim Kraemer Med Office I Speech Therapy  
 Anaheim Kraemer Med Office I Speech Therapy-Regular Clinic  
 Antelope Valley Medical Office Head and Neck-Regular Clinic  
 Antelope Valley Medical Office Speech Therapy-Regular Clinic  
 Balboa Plaza Admin. Offices Home Health  
 Baldwin Park Med Center Nutritional Svcs-I/P  
 Baldwin Park MOB Head and Neck-Audiology  
 Baldwin Park MOB Head and Neck-Regular Clinic  
 Baldwin Park MOB Speech Therapy-Regular Clinic  
 Canyon Crest Mental Health Off Mental Hlth/Psychiatry-RegClin  
 Downey Medical Center CTAmbPeritnlDialy-AncillaSP  
 Downey Medical Center Nutritional Svcs-I/P  
 Downey/Garden MOB Speech Therapy-Regular Clinic  
 Edgemont MOB Neurology-Regular Clinic  
 Fontana Med Center Head and Neck-Audiology  
 Fontana Med Center Head and Neck-Regular Clinic  
 Fontana Med Center Mental Hlth/Psychiatry-RegClin  
 Fontana Med Center Speech Therapy-Regular Clinic  
 Fontana Medical Center - New Nutritional Svcs-I/P  
 Garfield Specialty Center Head and Neck-Audiology  
 IRIS MOB II Head and Neck-Audiology  
 Kearny Mesa Rehab Center Speech Therapy-Regular Clinic  
 Kern San Dimas MOB Physical Therapy-Regular Clin  
 LA Mental Health Center Nutritional Svcs-I/P  
 Magnolia Village Home Health  
 Main St Hlth Pavilion Bldg Two Mbr Education - Misc  
 OC Anaheim Medical Center Nutritional Svcs-I/P  
 OC Irvine Medical Center Nutritional Svcs-I/P  
 Ontario Hospital Nutritional Svcs-I/P  
 Ontario Vineyard MOB Head and Neck-Audiology  
 Ontario Vineyard MOB Speech Therapy-Regular Clinic



Orchard MOB #A ESRD Multidiscipline  
Orchard MOB #A Head and Neck-Regular Clinic  
OXNARD 2103 E GONZALES RD MOB Speech Therapy-  
Regular Clinic  
Panorama City Med Center Nutritional Svcs-I/P  
Panorama City MOB #5 Head and Neck-Audiology  
Panorama City MOB #5 Speech Therapy-Regular Clinic  
Playa Vista MOB Primary Care-Bariatric  
Regional Offices - Pasadena Genetics  
Riverside Med Center CTAmbPeritnlDialy-AncillaSP  
Riverside Med Center Head and Neck-Audiology  
Riverside Med Center Nephrology-Regular Clinic  
Riverside Med Center Nutritional Svcs-I/P  
Riverside Med Center Speech Therapy-Regular Clinic  
San Diego Admin Offices 1 Home Health  
San Diego Admin Offices 1 Nutritional Svcs-O/P  
San Diego Medical Center Nutritional Svcs-I/P  
San Marcos Outpatient Med Cntr Head and Neck-Audiology  
San Marcos Outpatient Med Cntr Speech Therapy-Regular Clinic  
Santa Ana Medical Office Mental Hlth/Psychiatry-RegClin  
Santa Clarita MOB Speech Therapy-Regular Clinic  
South Bay Med Center Head and Neck-Audiology  
South Bay Med Center Home Health  
South Bay Med Center Nutritional Svcs-I/P  
South Bay Med Center Speech Therapy-Inpatient  
South Bay Med Center Speech Therapy-Regular Clinic  
Sunset Medical Center Nutritional Svcs-I/P  
Sunset/Edgemont MOB Head and Neck-Audiology  
Tustin Executive Center Home Health  
West LA Medical Center Dialysis-Regular Clinic  
West LA Medical Center Head and Neck-Audiology  
West LA Medical Center Nutritional Svcs-I/P  
West LA Medical Center Plastic Surgery-MD  
West LA Medical Center Speech Therapy-Inpatient  
West LA Medical Center Speech Therapy-Regular Clinic  
Wilshire Admin Offices Home Health  
WLA Health Ed. & Psych Offices Primary Care-Bariatric  
Woodland Hills Med Center Head and Neck-Regular Clinic  
Woodland Hills Med Center Nutritional Svcs-I/P  
Woodland Hills Med Center Speech Therapy-Regular Clinic  
ZION MEDICAL CENTER Nutritional Svcs-I/P  
ZION MEDICAL CENTER Speech Therapy-Inpatient

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.

21-RD-258174

Date Filed

3-19-2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)</b> - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> Kaiser Permanente - So. Cal. Permanente Med. Grp.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, state, ZIP code) see attached	
<b>3a. Employer Representative - Name and Title</b> Richard Rosas, Sr. Dir Labor Relations		<b>3b. Address</b> (If same as 2b - state same) 393 E Walnut St, Pasadena, CA 91188	
<b>3c. Tel. No.</b> 626/405.5698	<b>3d. Fax No.</b> 626/405.6739	<b>3e. Cell No.</b>	<b>3f. E-Mail Address</b> richard.d.rosas@kp.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Acute care, clinic, medical office buildings and other			<b>4b. Principal product or service</b> Health care
<b>5a. Description of Unit Involved</b> <b>Included:</b> All full-time, part-time, and per diem speech therapists, audiologists, dietitians, and health educators. <b>Excluded:</b> Guards and supervisors as defined in the Act.			<b>5b. City and State where unit is located:</b> Throughout Southern California
<b>6. No. of Employees in Unit</b> 413	<b>7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>8a. Name of Recognized or Certified Bargaining Agent</b> National Union of Healthcare Workers		<b>8b. Affiliation, if any</b>	
<b>8c. Address</b> 225 W. Broadway, Ste 400 Glendale, CA 91204		<b>8d. Tel. No.</b> 818/241.0140	<b>8e. Cell No.</b>
		<b>8f. Fax No.</b> 818/241.0141	<b>8g. E-Mail Address</b> srosselli@nuhw.org
<b>9. Date of Recognition or Certification</b> ~2010		<b>10. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) 09/30/18	
<b>11a. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>11b. If so, approximately how many employees are participating?</b>	
<b>11c. The Employer has been picketed by or on behalf of</b> (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
<b>12. Organizations or individuals other than those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above.</b> (If none, so state)			
<b>12a. Name</b> United Nurses Associations of California/Union of Health Care Workers	<b>12b. Address</b> 955 Overland Ct., Ste 150 San Dimas, CA 91773	<b>12c. Tel. No.</b> 909/451.0610	<b>12d. Fax No.</b> 909/618.0659
		<b>12e. Cell No.</b> 909/741.0330	<b>12f. E-Mail Address</b> pamela.chandran@unacuhcp.org
<b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>13a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>13b. Election Date(s)</b> April 8, 2020	<b>13c. Election Time(s)</b>		<b>13d. Election Location(s)</b>
<b>(b) (6), (b) (7)(C)</b>			
<b>(b) (6), (b) (7)(C)</b>		<b>14b. Tel. No.</b> <b>(b) (6), (b) (7)(C)</b>	<b>14c. Fax No.</b>
		<b>14d. Cell No.</b>	<b>14e. E-Mail Address</b> <b>(b) (6), (b) (7)(C)</b>
<b>14f. Affiliation, if any</b>			
<b>15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>15a. Name</b> Pamela Chandran		<b>15b. Title</b> Legal Counsel	
<b>15c. Address</b> (Street and number, city, state, ZIP code) 955 Overland Ct., Ste 150 San Dimas, CA 91773		<b>15d. Tel. No.</b> 909/451.0610	<b>15e. Fax No.</b> 909/618.0659
		<b>15f. Cell No.</b> 909/741.0330	<b>15g. E-Mail Address</b> pamela.chandran@unacuhcp.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Pamela Chandran	<b>Signature</b> <i>Pamela Chandran</i>	<b>Title</b> Legal Counsel	<b>Date Filed</b> 03/18/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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**Workplaces of Southern California Professionals Group – Speech Therapists, Audiologists, Dietitians, Health Educators**

1526 Edgemont MOB Speech Therapy-Regular Clinic  
 1526 Edgemont MOB Transplants-Liver-Outpatient  
 4700 Sunset MOB ESRD Multidiscipline  
 4700 Sunset MOB Mental Hlth/Psychiatry-RegClin  
 4700 Sunset MOB Pediatrics-Cystic Fibrosis  
 4700 Sunset MOB Pediatrics-Hematology/Oncology  
 Alton/Sand Canyon MOB 1 Head and Neck-Audiology  
 Alton/Sand Canyon MOB 1 Speech Therapy-Regular Clinic  
 Anaheim Kraemer Med Office I Head and Neck-Audiology  
 Anaheim Kraemer Med Office I Speech Therapy  
 Anaheim Kraemer Med Office I Speech Therapy-Regular Clinic  
 Antelope Valley Medical Office Head and Neck-Regular Clinic  
 Antelope Valley Medical Office Speech Therapy-Regular Clinic  
 Balboa Plaza Admin. Offices Home Health  
 Baldwin Park Med Center Nutritional Svcs-I/P  
 Baldwin Park MOB Head and Neck-Audiology  
 Baldwin Park MOB Head and Neck-Regular Clinic  
 Baldwin Park MOB Speech Therapy-Regular Clinic  
 Canyon Crest Mental Health Off Mental Hlth/Psychiatry-RegClin  
 Downey Medical Center CTAmbPeritnlDialy-AncillaSP  
 Downey Medical Center Nutritional Svcs-I/P  
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 Fontana Med Center Head and Neck-Regular Clinic  
 Fontana Med Center Mental Hlth/Psychiatry-RegClin  
 Fontana Med Center Speech Therapy-Regular Clinic  
 Fontana Medical Center - New Nutritional Svcs-I/P  
 Garfield Specialty Center Head and Neck-Audiology  
 IRIS MOB II Head and Neck-Audiology  
 Kearny Mesa Rehab Center Speech Therapy-Regular Clinic  
 Kern San Dimas MOB Physical Therapy-Regular Clin  
 LA Mental Health Center Nutritional Svcs-I/P  
 Magnolia Village Home Health  
 Main St Hlth Pavilion Bldg Two Mbr Education - Misc  
 OC Anaheim Medical Center Nutritional Svcs-I/P  
 OC Irvine Medical Center Nutritional Svcs-I/P  
 Ontario Hospital Nutritional Svcs-I/P  
 Ontario Vineyard MOB Head and Neck-Audiology  
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Orchard MOB #A ESRD Multidiscipline  
Orchard MOB #A Head and Neck-Regular Clinic  
OXNARD 2103 E GONZALES RD MOB Speech Therapy-  
Regular Clinic  
Panorama City Med Center Nutritional Svcs-I/P  
Panorama City MOB #5 Head and Neck-Audiology  
Panorama City MOB #5 Speech Therapy-Regular Clinic  
Playa Vista MOB Primary Care-Bariatric  
Regional Offices - Pasadena Genetics  
Riverside Med Center CTAmbPeritinlDialy-AncillaSP  
Riverside Med Center Head and Neck-Audiology  
Riverside Med Center Nephrology-Regular Clinic  
Riverside Med Center Nutritional Svcs-I/P  
Riverside Med Center Speech Therapy-Regular Clinic  
San Diego Admin Offices 1 Home Health  
San Diego Admin Offices 1 Nutritional Svcs-O/P  
San Diego Medical Center Nutritional Svcs-I/P  
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South Bay Med Center Home Health  
South Bay Med Center Nutritional Svcs-I/P  
South Bay Med Center Speech Therapy-Inpatient  
South Bay Med Center Speech Therapy-Regular Clinic  
Sunset Medical Center Nutritional Svcs-I/P  
Sunset/Edgemont MOB Head and Neck-Audiology  
Tustin Executive Center Home Health  
West LA Medical Center Dialysis-Regular Clinic  
West LA Medical Center Head and Neck-Audiology  
West LA Medical Center Nutritional Svcs-I/P  
West LA Medical Center Plastic Surgery-MD  
West LA Medical Center Speech Therapy-Inpatient  
West LA Medical Center Speech Therapy-Regular Clinic  
Wilshire Admin Offices Home Health  
WLA Health Ed. & Psych Offices Primary Care-Bariatric  
Woodland Hills Med Center Head and Neck-Regular Clinic  
Woodland Hills Med Center Nutritional Svcs-I/P  
Woodland Hills Med Center Speech Therapy-Regular Clinic  
ZION MEDICAL CENTER Nutritional Svcs-I/P  
ZION MEDICAL CENTER Speech Therapy-Inpatient



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

22-RC-257460 3/5/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Planned Building Services, a part of and related to Planned Companies

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
40 Washington St.  
East Orange NJ 07017

**3a. Employer Representative - Name and Title:**  
Robert Francis, President

**3b. Address (if same as 2b - state same):**  
150 Smith Road  
Parsippany, NJ 07050

**3a. Tel. No.**  
973-739-0080

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.):**  
Residential Building

**4b. Principal Product or Service:**  
Building Services

**5a. City and State where unit is located:**  
East Orange, NJ

**5b. Description of Unit Involved:**

Included:

All full-time and regular part-time Front Desk Concierges

Excluded:

All other employees, office employees, supervisors and guards as described in the Act

**5a. Number of Employees in Unit:**  
5

**5b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (if no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No ☐ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)**  
None

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:

**11a. Election Type:**

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
3/20/2020

**11c. Election Time(s):**  
7:30-8:30 am and 2:30-3:30 pm

**11d. Election Location(s):**  
Porter's lunchroom and/or storage room

**12a. Full Name of Petitioner (including local name and number):**  
SEIU 32BJ

**12b. Address (street and number, city, State and ZIP code):**  
494 Broad Street, 3rd Fl.  
Newark, NJ 07102

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Service Employees International Union

**12d. Tel. No.**  
937-827-3225

**12e. Cell No.**

**12f. Fax No.**  
862-236-3605

**12g. E-Mail Address**

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**

Brent Garren  
Deputy General Counsel

**13b. Address (street and number, city, State and ZIP code):**  
25 W. 18th Street, 5th Floor  
New York, NY 10011

**13c. Tel. No.**  
212-388-3943

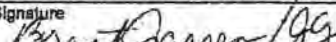
**13d. Cell No.**  
917-208-4287

**13e. Fax No.**  
212-388-2062

**13f. E-Mail Address**  
bgarren@seiu32bj.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Brent Garren

**Signature**  


**Title**  
Deputy General Counsel

**Date**  
3/4/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-257627

Date Filed

3/9/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> 565 RIDGE ROAD, LLC d/b/a Waterview Center Service & Maintenance		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 536 Ridge Rd, Cedar Grove, NJ 07009	
<b>3a. Employer Representative - Name and Title:</b> Lisa Kranis, Regional Director		<b>3b. Address (if same as 2b - state same):</b> 536 Ridge Rd, Cedar Grove, NJ 07009	
<b>3c. Tel. No.</b> (973) 239-9300	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Health Care		<b>4b. Principal Product or Service</b> Health Care	
<b>5a. City and State where unit is located:</b> Cedar Grove, New Jersey		<b>5b. Description of Unit Involved:</b> Included: Full-time and regular part-time and per diem recreation assistants. Excluded: All supervisors under the Act, and all other employees.	
<b>6a. Number of Employees in Unit:</b> 4		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? (Name of Labor Organization) EMPLOYER NEVER RESPONDED, has picketed the Employer since (Month, Day, Year)			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> 3/20/2020		<b>11c. Election Time(s):</b> 10:00-11:00 A.M.	
<b>11d. Election Location(s):</b> 565 RIDGE ROAD, LLC d/b/a Waterview Center Servi			
<b>12a. Full Name of Petitioner (including local name and number):</b> DISTRICT 1199J, NUHHCE, AFSCME, AFL-CIO		<b>12b. Address (street and number, city, State and ZIP code):</b> 9-25 ALLING STREET, 3RD FLOOR	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> AFSCME			
<b>12d. Tel. No.</b> (973) 624-1199	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (973) 622-0801	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Arnold Shep Cohen, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 60 Park Place, 6th Floor, Newark, NJ 07102	
<b>13c. Tel. No.</b> (973) 642-0161	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (973) 802-1055	<b>13f. E-Mail Address</b> asc@oxfeldcohen.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> ARNOLD SHEP COHEN, ESQ.		<b>Signature</b> 	<b>Title</b> ATTORNEY
			<b>Date</b> 3/6/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-257724

Date Filed

10/10/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Planned Lifestyle Services, a part of and related to Planned Companies

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
40 Washington Street  
East Orange, NJ 07017

**3a. Employer Representative - Name and Title:**  
Robert Francis, President

**3b. Address (if same as 2b - state same):**  
150 Smith Road  
Parsippany, NJ 07050

**3c. Tel. No.**  
973-739-0080

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
rfrancis@plannedcompanies.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.):**  
Residential Building

**4b. Principal Product or Service**  
Building Services

**5a. City and State where unit is located:**  
East Orange, NJ

**5b. Description of Unit Involved:**

Included:

All full-time and regular part-time Front Desk Concierges

Excluded:

All other employees, office employees, supervisors, and guards as described in the Act.

**6a. Number of Employees in Unit:**

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_. (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No ☐ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:

**11a. Election Type:**

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
3/20/2020

**11c. Election Time(s):**  
7:30-8:30 am and 2:30-3:30 pm

**11d. Election Location(s):**  
Porter's lunchroom and/or storage room

**12a. Full Name of Petitioner (including local name and number):**  
SEIU 32BJ

**12b. Address (street and number, city, State and ZIP code):**  
494 Broad Street, 3rd Fl.  
Newark, NJ 07102

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Service Employees International Union

**12d. Tel. No.**  
973-827-3225

**12e. Cell No.**

**12f. Fax No.**  
862-236-3605

**12g. E-Mail Address**

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**

Brent Garren  
Deputy General Counsel

**13b. Address (street and number, city, State and ZIP code):**  
25 West 18th Street, 5th Floor  
New York, NY 10011

**13c. Tel. No.**  
212-388-3943

**13d. Cell No.**  
917-208-4287

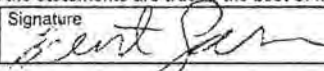
**13e. Fax No.**  
212-388-2062

**13f. E-Mail Address**  
bgarren@seiu32bj.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Brent Garren

**Signature**



**Title**  
Deputy General Counsel

**Date**  
03/09/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-257765

Date Filed

March 10, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Cort Business Services Corporation		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 5601 West Side Avenue North Bergen, NJ 07047	
3a. Employer Representative - Name and Title: Dominic Sardilli		3b. Address (if same as 2b - state same): (same)	
3c. Tel. No. (201) 293-0511	3d. Cell No.	3e. Fax No. (571) 748-7428	3f. E-Mail Address Dominic.Sardilli@cort.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) furniture delivery		4b. Principal Product or Service furniture rental	5a. City and State where unit is located: North Bergen, NJ
5b. Description of Unit Involved: Included: All full-time drivers, helpers, warehousemen and refinishers Excluded: All office clerical employees, seasonal warehousemen, seasonal helpers, and others		5a. Number of Employees in Unit: 48 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ none and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name none	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Spanish also needed		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): March 27, 2020	11c. Election Time(s): 7:00 am to 8:30 am & 4:00 pm to 5:30 pm	11d. Election Location(s): Conference Room at 5601 West Side Avenue	
12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 814		12b. Address (street and number, city, State and ZIP code): 195 Montague Street, #14 Brooklyn, NY 11201	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters, AFL-CIO			
12d. Tel. No. (718) 609-6409	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Joseph J. Vitale, Counsel		13b. Address (street and number, city, State and ZIP code): Cohen, Weiss and Simon LLP, 900 Third Ave., Ste. 2100, NY, NY 10022	
13c. Tel. No. (212) 356-0238	13d. Cell No.	13e. Fax No. (646) 473-8238	13f. E-Mail Address jvitale@cwsny.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Joseph J. Vitale	Signature Joseph J. Vitale/KMS	Title Counsel	Date 3/10/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

22-RC-258529

Date Filed

3/27/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Planned Lifestyle Services, part of and Affiliated with Planned Companies		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 44 S. Munn Avenue East Orange, NJ 07018	
<b>3a. Employer Representative - Name and Title:</b> Robert Francis, President		<b>3b. Address (if same as 2b - state same):</b> 150 Smith Road Parsippany, NJ 07050	
<b>3c. Tel. No.</b> 973-739-0080	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> rfrancis@plannedcompanies.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Residential Building		<b>4b. Principal Product or Service</b> janitorial	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time concierge/front desk <b>Excluded:</b> All other employees, office employees, supervisors, and guards as described in the Act.		<b>5a. City and State where unit is located:</b> East Orange, NJ	
<b>6a. Number of Employees in Unit:</b> 6		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state):</b> N/A		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____ has picketed the Employer since (Month, Day, Year) _____		<b>9i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> Ballots go out April 6		<b>11c. Election Time(s):</b> N/A	
<b>11d. Election Location(s):</b> N/A			
<b>12a. Full Name of Petitioner (including local name and number):</b> SEIU 32BJ		<b>12b. Address (street and number, city, State and ZIP code):</b> 494 Broad Street, 3rd Fl. Newark, NJ 07102	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Service Employees International Union			
<b>12d. Tel. No.</b> 973-827-3225	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 862-236-3605	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Brent Garren Deputy General Counsel		<b>13b. Address (street and number, city, State and ZIP code):</b> 25 West 18th Street, 5th Floor New York, NY 10011	
<b>13c. Tel. No.</b> 212-388-3943	<b>13d. Cell No.</b> 917-208-4287	<b>13e. Fax No.</b> 212-388-2062	<b>13f. E-Mail Address</b> bgarren@seiu32bj.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Brent Garren		<b>Signature</b> 	<b>Title</b> Deputy General Counsel
		<b>Date</b> 03/27/20	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **22-RC-258533** Date Filed **3/30/2020**

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION-RC-CERTIFICATION OF REPRESENTATIVE--A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:  
Planned Building Services/Planned Lifestyle Services. Affiliated w/ Planned Companies

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code)  
20 West Palisade Avenue  
Englewood, NJ 07631

3a. Employer Representative--Name and Title  
Robert Francis, President

3b. Address (if same as 2b--state same)  
150 Smith Road  
Parsippany, NJ 07050

3c. Tel. No.  
973-739-0080

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
rfrancis@plannedcompanies.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Residential Building

4b. Principal Product or Service  
Concierge and janitorial

5a. City and State where unit is located  
Englewood, NJ

5b. Description of Unit Involved:  
Included:  
All full-time and regular part-time Front Desk/Concierge/Porters/Matrons/Maintenance

Excluded:  
All other employees, office employees, supervisors, and guards as described in the Act.

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No  
and Employer declined recognition ☐

Check One ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)  
N/A

8b. Address

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ No ☒ Yes; approximately how many employees are participating?  
(Name of Labor Organization) N/A has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type  
☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s)  
Ballots go out April 6

11c. Election Time(s)  
N/A

11d. Election Location(s)  
N/A

12a. Full Name of Petitioner (including local name and number)  
SEIU 32BJ

12b. Address (street and number, city, State and ZIP code)  
494 Broad Street, 3rd Fl.  
Newark, NJ 07102

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Service Employees International Union

12d. Tel. No.  
973-827-3225

12e. Cell No.

12f. Fax No.  
862-236-3605

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.  
13a. Name and Title  
Brent Garren  
Deputy General Counsel

13b. Address (street and number, city, State and ZIP code)  
25 West 18th Street, 5th Floor  
New York, NY 10011

13c. Tel. No.  
212-388 3943

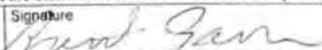
13d. Cell No.  
917-208-4287

13e. Fax No.  
212-388-2062

13f. E-Mail Address  
bgarren@seiu32bj.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Brent Garren

Signature  


Title  
Deputy General Counsel

Date  
03/26/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Collection of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74842-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 25-RC-257451	Date Filed 3/4/20
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Irving Materials, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4300 Sun Air Dr. Muncie, IN. 47303
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<b>3a. Employer Representative - Name and Title:</b> Michael Vasquez V.P. Human Resources	<b>3b. Address (if same as 2b - state same):</b> 8032 N. State Rd. 9 Greenfield, IN 46140
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<b>3c. Tel. No.</b> 317-326-3101	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 317-326-2016	<b>3f. E-Mail Address</b> Michael.Vasquez@irvmat.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Construction	<b>4b. Principal Product or Service</b> Ready-Mix	<b>5a. City and State where unit is located:</b> Muncie, IN
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<b>5b. Description of Unit Involved:</b> Included: All full time and regular part-time drivers employed at the Employers auxiliary Muncie, IN facility. Excluded: All office clerical, professional employees, guards and Supervisors as defined in the Act and all mechanics.	<b>6a. Number of Employees in Unit:</b> 4
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<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 2-28-2020 and Employer declined recognition on or about (Date) 2-28-2020 (If no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b>	<b>8b. Address:</b>

<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>

<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** **NO** ☒ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b> None	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election: **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> March 20, 2020	<b>11c. Election Time(s):</b> 7:00 to 7:30 Am	<b>11d. Election Location(s):</b> The Employers Muncie Aux. Location
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<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local Union No. 135	<b>12b. Address (street and number, city, State and ZIP code):</b> 1233 Shelby St. Indpls. IN 46203
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
The International Brotherhood of Teamsters

<b>12d. Tel. No.</b> 317-639-3541	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 317-639-3581	<b>12g. E-Mail Address</b> droach@Local135.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b> <b>13a. Name and Title:</b> Dustin Roach - Organizer	<b>13b. Address (street and number, city, State and ZIP code):</b> 1233 Shelby St. Indpls. IN 46203
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<b>13c. Tel. No.</b> 317-639-3541	<b>13d. Cell No.</b> 317-490-5005	<b>13e. Fax No.</b> 317-639-3581	<b>13f. E-Mail Address</b> Droach@Local135.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Dustin Roach	<b>Signature</b> Dm R. RL	<b>Title</b> Organizer	<b>Date</b> 3-3-2020
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 27-RC-257267 Date Filed 3/2/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer HMS Host, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Denver International Airport / 8500 Peña Blvd / Denver, CO 80249	
3a. Employer Representative - Name and Title Ronald Cool, Director of Operations HMS Host Denver Darryl L. Franklin, Associate General Counsel		3b. Address (if same as 2b - state same) 6905 Rockledge Dr., Bethesda, MD 20817	
3c. Tel. No. 240-274-4304	3d. Cell No.	3e. Fax No.	3f. E-Mail Address ronald.cool@hmshost.com; Darryl.L.Franklin@hmshost.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Concessionaire		4b. Principal product or service Food & Beverage	
5b. Description of Unit Involved Included: SEE ATTACHMENT A  Excluded:		5a. City and State where unit is located: Denver, CO	
		6a. No. of Employees in Unit: Abt. 245	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 2/21/2020 and Employer declined recognition on or about no reply (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). N/A		8b. Address N/A	
8c. Tel No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any N/A		8h. Date of Recognition or Certification N/A	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name N/A	10b. Address N/A	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): As Soon As Possible	11c. Election Time(s): TBD	11d. Election Location(s): Denver Airport
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12a. Full Name of Petitioner (including local name and number)  
UNITE HERE Local 23

12b. Address (street and number, city, state, and ZIP code)  
12015 East 46th Ave. Suite 415, Denver, CO 80239

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
UNITE HERE International Union

12d. Tel No.	12e. Cell No. (603) 801-9768	12f. Fax No.	12g. E-Mail Address sgeaney-moore@unitehere.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title **Kristin Martin, Attorney**

13b. Address (street and number, city, state, and ZIP code)  
McCracken, Sternerman & Holsberry, LLP / 595 Market Street, Suite 800 / San Francisco, CA 94105

13c. Tel No.  
415-597-7200

13d. Cell No.

13e. Fax No.  
415-597-7201

13f. E-Mail Address  
klm@msh.law

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Kristin L. Martin Signature  Title Attorney Date 2/28/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>27-RC-257404</b>	Date Filed <b>3/4/2020</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Idaho Statesman</b>	2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code) <b>1200 North Curtis Road, Boise, Idaho, 83706</b>
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3a. Employer Representative - Name and Title <b>Rusty Dodge, Publisher</b>	3b. Address (if same as 2b - state same) <b>Same</b>
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3c. Tel. No. <b>(208) 377-6301</b>	3d. Cell No.	3e. Fax No. <b>(208) 377-6224</b>	3f. E-Mail Address <b>rdodge@mcclatchy.com</b>
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Printing &amp; Publishing</b>	4b. Principal product or service <b>Newspaper &amp; Community Reporting</b>	5a. City and State where unit is located: <b>Boise, Idaho</b>
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5b. Description of Unit Involved <b>Included: All newsroom employees</b> <b>Excluded: Office, Clerical, Guards, 2(11) Supervisors, Confidential &amp; Managerial Employees</b>	6a. No. of Employees in Unit: <b>16</b> 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	--

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **3/02/2020** and Employer declined recognition on or about **No reply** (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>None</b>	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No**. If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
**None**

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): <b>3/20/2020</b>	11c. Election Time(s): <b>1:00-3:00PM</b>	11d. Election Location(s): <b>Idaho Statesman</b>
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12a. Full Name of Petitioner (including local name and number) <b>The News Guild-Communications Workers of America Local 37082</b>	12b. Address (street and number, city, state, and ZIP code) <b>2600 First Avenue, Room 312, Seattle, WA, 98121</b>
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**The News Guild-Communications Workers of America, AFL-CIO**

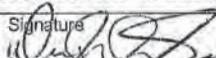
12d. Tel No. <b>(206) 328-1190</b>	12e. Cell No.	12f. Fax No.	12g. E-Mail Address <b>guild37082@gmail.com</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>William R. Reinken, Attorney</b>	13b. Address (street and number, city, state, and ZIP code) <b>8085 East Prentice Avenue, Greenwood Village, CO 80111</b>
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13c. Tel No. <b>(303) 721-7399</b>	13d. Cell No.	13e. Fax No.	13f. E-Mail Address <b>wreinken@cwa-union.org</b>
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>William R. Reinken</b>	Signature 	Title <b>Attorney</b>	Date <b>3-3-2020</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **27-RC-257463** Date Filed **3/4/2020**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Triple Canopy, Inc.		<b>2b. Address(es) of Establishment(s) Involved (Street and number, city, State, ZIP code)</b> 7175 West Jefferson Avenue, Suite 1700, Lakewood, CO 80235	
<b>3a. Employer Representative - Name and Title</b> Richard Eaton, Director of Labor Relations		<b>3b. Address (If same as 2b - state same)</b> 9500 Micron Ave. Suite 136 Sacramento, CA 95827	
<b>3c. Tel. No.</b> 703-673-4219	<b>3d. Cell No.</b> 424-298-0280	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Richard.Eaton@constellis.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Service Provider		<b>4b. Principal product or service</b> Security Services	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time and regular part-time security guards performing services for the Employer in Denver, Aurora, Littleton, Centennial, Englewood, Golden, Greenwood Village, Lakewood, Fort Collins, Louisville, Greeley and Boulder (existing bargaining unit) <b>Excluded:</b> All office clerical employees, professional employees, managers, non-security personnel, lead guards, sergeants, lieutenants, captains, assistant project manager, project manager, applicants, candidates, pre-employment trainees, and supervisors, as defined by the NLRB		<b>5a. City and State where unit is located:</b> Denver, CO <b>6a. No. of Employees in Unit:</b> 212 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 3/04/2020 and Employer declined recognition on or about No reply (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> United Government Security Officers of America & UGSOA Local 309		<b>8b. Address</b> 2879 Cranberry Hwy, East Wareham, MA 02538	
<b>8c. Tel No.</b> (774) 678-0936	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> dsullivan@ugsoa.com
<b>8g. Affiliation, if any</b> United Government Security Officers of America		<b>8h. Date of Recognition or Certification</b> Unknown <b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> May 31, 2020	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)**  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.  
**11a. Election Type:** ☐ Manual ☐ Mail ☒ Mixed Manual/Mail

**11b. Election Date(s):**  
3/20/2020  
**11c. Election Time(s):**  
9:00AM-11:00AM; 3:00PM-5:00PM  
**11d. Election Location(s):**  
Region 27 NLRB Office

**12a. Full Name of Petitioner (including local name and number)**  
Security Officers Association of America  
**12b. Address (street and number, city, state, and ZIP code)**  
7700 East Academy Boulevard, No. 803, Denver, CO 80230

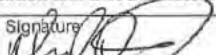
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
None

<b>12d. Tel No.</b> (720) 331-3951	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> (b) (6), (b) (7)(C)
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> William R. Reinken, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> 8085 E Prantice Avenue, Greenwood Village, CO 80111	
<b>13c. Tel No.</b> (303) 721-7399	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> will@rosenblattgosh.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> William R Reinken	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 3/04/2020
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.	27-RC-257949	Date Filed	3/12/2020
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> King Soopers		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 1045 South 1st Street CO Bennett 80102	
<b>3a. Employer Representative - Name and Title</b> Nicole Bergin		<b>3b. Address</b> (If same as 2b - state same) 65 Tejon Street CO Denver 80223	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Nicole.bergin@kingsoopers.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Retail (Grocery)	<b>4b. Principal product or service</b> Grocery Store		<b>5a. City and State where unit is located:</b> Bennett, CO
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details			<b>6a. No. of Employees in Unit:</b> 5 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 03/12/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> March 31, 2020	<b>11c. Election Time(s):</b> N/A - Mail ONLY	<b>11d. Election Location(s):</b> N/A - Mail ONLY
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<b>12a. Full Name of Petitioner (including local name and number)</b> Randy Tiffey United Food and Commercial Workers International Union, Local 7	<b>12b. Address (street and number, city, state, and ZIP code)</b> 7760 West 38th Avenue CO Denver 80033
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
United Food and Commercial Workers International Union, AFL-CIO

<b>12d. Tel No.</b> (303) 425-0897	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> rtiffey@ufcw7.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Mathew Shechter McNamara & Shechter LLP	<b>13b. Address (street and number, city, state, and ZIP code)</b> 1888 Sherman Street Ste 370 Denver 80203
<b>13c. Tel No.</b> (303) 333-8700	<b>13d. Cell No.</b> (303) 521-7010
<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> mss@18thavelaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Randy Tiffey	<b>Signature</b> Randy K Tiffey	<b>Title</b> Organizing Director	<b>Date</b> 03/12/2020 13:45:13
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 27-RC-257949	Date Filed 3/12/2020

#### Employees Included

All full-time and part-time pharmacy technicians, who work one (1) day or more per week, employed in the Bennett, Colorado store owned or operated by the Employer, in a self-determination election to join an existing unit of all employees actively engaged in the handling and selling of merchandise, including part-time workers who work regularly one (1) day or more a week, employed by the Employer in the grocery store or stores owned or operated by the Employer within the metropolitan area of Denver, Colorado

#### Employees Excluded

All other employees in the Bennett, Colorado store, as well as guards, watchmen, and supervisors as defined by the Act.



FORM NLRB-502 (RC)  
(4-5)UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

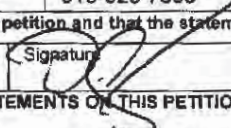
## RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 28-RC-257369

Date Filed March 3, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer MV TRANSPORTATION		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 5081 FRED WILSON EL PASO TX 79906	
3a. Employer Representative - Name and Title RAFAEL FERNANDEZ		3b. Address (if same as 2b - state same) SAME AS 2B	
3c. Tel. No.	3d. Cell No. 561-633-3776	3e. Fax No. 915-564-5699	3f. E-Mail Address Rafael.fernandez@mvtransit.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) transportation-lift		4b. Principal product or service Transportation-shuttle	
5a. City and State where unit is located: EL PASO TEXAS		5b. No. of Employees in Unit: 7	
5b. Description of Unit Involved Included: MECHANICS-TECHNICIANS Excluded: ADMINISTRATION - MANAGERS- SUPERVISORS-DISPATCHERS		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (if no reply received, so state). <input checked="" type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state). NONE		8b. Address NONE	
8c. Tel No. NONE	8d. Cell No. NONE	8e. Fax No. NONE	8f. E-Mail Address NONE
8g. Affiliation, if any NONE		8h. Date of Recognition or Certification NONE	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NONE			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? <u>NONE</u> (Name of labor organization) <u>NONE</u> has picketed the Employer since (Month, Day, Year) <u>NONE</u>			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above (if none, so state) NONE			
10a. Name NONE		10b. Address NONE	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		11b. Election Date(s): APRIL 6, 2020	
11c. Election Time(s): 9AM- 10AM		11d. Election Location(s): BREAK ROOM	
12a. Full Name of Petitioner (including local name and number) TEAMSTERS LOCAL 745		12b. Address (street and number, city, state, and ZIP code) 6944 COMMERCE EL PASO TX 79915	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) INTERNATIONAL BROTHERHOOD OF TEAMSTERS			
12d. Tel No. 915-772-7437	12e. Cell No. 915-929-7998	12f. Fax No. 915-771-0045	12g. E-Mail Address VJAMES745TX@GMAIL.COM
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title VICTOR JAMES BUSINESS		13b. Address (street and number, city, state, and ZIP code) 6944 COMMERCE EL PASO TEXAS 79915	
13c. Tel No. 915-772-7437	13d. Cell No. 915-929-7998	13e. Fax No. 915-771-0045	13f. E-Mail Address VJAMES745TX@GMAIL.COM
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) VICTOR JAMES		Signature 	
Title BUSINESS AGENT-ORGANIZER		Date MARCH 3, 2020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

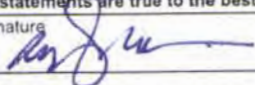
DO NOT WRITE IN THIS SPACE

Case No. 28-RC-257762

Date Filed  
March 9, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Taylor Farms		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4375 E. Gila Ridge Road, Yuma, AZ 85365	
<b>3a. Employer Representative - Name and Title:</b> Marcus Shebl		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (831) 751-3081	<b>3d. Cell No.</b> (831) 240-2167	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> mshebl@taylorfarms.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Food Processing Facility		<b>4b. Principal Product or Service</b> Product Transportation	
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full time and regular part time drivers. <b>Excluded:</b> All other employees, supervisors and guards as defined by the Act.		<b>5a. City and State where unit is located:</b> Yuma, Arizona	
		<b>6a. Number of Employees in Unit:</b> 10	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 3/5/20 (If no reply received, so state). 3/2/20 and Employer declined recognition <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> ASAP		<b>11c. Election Time(s):</b> 5:00-7:00 AM 2:00-5:00 PM	
		<b>11d. Election Location(s):</b> Employer's facility	
<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 890		<b>12b. Address (street and number, city, State and ZIP code):</b> 207 North Sanborn Road, Salinas, CA 93905	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Brotherhood of Teamsters			
<b>12d. Tel. No.</b> (831) 424-5743	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (831) 424-2091	<b>12g. E-Mail Address</b> teamsters@local890.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Robert Bonsall, Beeson Tayer & Bodine		<b>13b. Address (street and number, city, State and ZIP code):</b> 520 Capitol Mall, Suite 300, Sacramento, CA 95814	
<b>13c. Tel. No.</b> (916) 325-2100	<b>13d. Cell No.</b> (916) 425-4699	<b>13e. Fax No.</b> (916) 325-2120	<b>13f. E-Mail Address</b> rbonsall@beesonayer.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Robert Bonsall	<b>Signature</b> 	<b>Title</b> Attorney at Law	<b>Date</b> 3/9/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-257781

Date Filed

March 9, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> New Mexico Gas Company		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 7120 Wyoming Blvd, NE #20 NM Albuquerque 87109-	
<b>3a. Employer Representative - Name and Title</b> Ryan Shell		<b>3b. Address</b> (If same as 2b - state same) 7120 Wyoming Blvd, NE #20 NM Albuquerque 87109-	
<b>3c. Tel. No.</b> (505) 697-3335	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Ryan.Shell@nmgo.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.)		<b>4b. Principal product or service</b>	
		<b>5a. City and State where unit is located:</b> Albuquerque, NM	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 290
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> Mail Ballot
<b>11c. Election Time(s):</b> Mail Ballot
<b>11d. Election Location(s):</b> Mail Ballot

**12a. Full Name of Petitioner (including local name and number)**  
Scott LeFevre  
United Association of Plumbers and Pipefitters Local 412

**12b. Address (street and number, city, state, and ZIP code)**  
510 San Pedro Drive SE  
NM Albuquerque 87109-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada, AFL-CIO

<b>12d. Tel. No.</b> (505) 265-1513	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> swptor2@uanet.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Lance Geren Attorney O'Donoghue & O'Donoghue, LLP		<b>13b. Address (street and number, city, state, and ZIP code)</b> 325 Chestnut Street, Suite 600 PA Philadelphia 19106-	
<b>13c. Tel. No.</b> (215) 629-4970	<b>13d. Cell No.</b> (202) 805-6148	<b>13e. Fax No.</b> (215) 629-4996	<b>13f. E-Mail Address</b> lgeren@odonoghuelaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Lance Geren	<b>Signature</b> Lance Geren	<b>Title</b> Attorney	<b>Date</b> 03/9/2020 18:44:30
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

#### Employees Included

All full-time and regular part-time field operations employees, including Craftsmen, Crewmen, Senior Crewmen, Corrosion Techs, Senior Corrosion Techs, Foremen, Gas Systems Techs, Senior Gas Systems Techs, Leak Survey Techs, Linespotters, Senior Linespotters, Measurement Control Specialists, Measurement Control Techs, Senior Measurement Control Techs, Operations Construction Coordinators, Service Techs, Senior Service Techs, employed by the Employer.

#### Employees Excluded

All other employees, office clericals, guards and supervisors within the meaning of the Act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

28-RC-257985

Date Filed

3/12/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

Kerberos International & Whitestone Group

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

615 S. 43rd Ave., Phoenix, AZ 85009

**3a. Employer Representative - Name and Title**

Kerberos-Dawn Cole, President/Whitestone-Jeff LaRe, Vice President

**3b. Address (if same as 2b - state same)**

Kerberos-19 N. Main St., Ste 2711, Temple, TX 76501/Whitestone-6422 E Main St, Ste 100, Reynoldsburg, OH 43068

**3c. Tel. No.**

Kerberos-254-771-1080/Whitestone-614-269-1078

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

dcole@kerberosinc.com/jlare@whitestonegroup.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

SECURITY AGENCY

**4b. Principal product or service**

SECURITY

**5a. City and State where unit is located:**

Phoenix, AZ

**5b. Description of Unit Involved**

**Included:** ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS, GUARD, GUARD II AND ALARM MONITORS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY KERBEROS/WHITESTONE @ 615 S. 43RD AVE., PHOENIX, AZ 85009

**Excluded:** ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

**6a. No. of Employees in Unit:**

28

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:**

☐

7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **NO**

☐

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state).**

NONE

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** **NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
NONE

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
4/9/2020

**11c. Election Time(s):**  
tbd

**11d. Election Location(s):**  
Ceasar Chavez Library

**12a. Full Name of Petitioner (including local name and number)**

International Union, Security, Police and Fire Professionals of America (SPFPA)

**12b. Address (street and number, city, state, and ZIP code)**  
25510 Kelly Road, Roseville, MI 48066

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union, Security, Police and Fire Professionals of America (SPFPA)

**12d. Tel No.**

586-772-7250 X111

**12e. Cell No.**

586-872-5634

**12f. Fax No.**

586-772-9644

**12g. E-Mail Address**

organize@spfpa.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** Gordon Gregory, General Counsel

**13b. Address (street and number, city, state, and ZIP code)**  
65 Cadillac Square, Suite 3727, Detroit, MI 48226

**13c. Tel No.**

313-964-5600

**13d. Cell No.**

**13e. Fax No.**

313-964-2125

**13f. E-Mail Address**

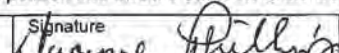
Gordon@UnionLaw.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**

Dwayne Phillips

**Signature**



**Title**

Organizing Director

**Date**

3/11/2020

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **29-RC-257409**

Date Filed  
**3/4/20**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
J. Pizzirusso Landscaping Corporation

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
2269 E. 69th Street, Brooklyn, NY 11234

**3a. Employer Representative - Name and Title**  
Joseph Pizzirusso, Vice President

**3b. Address (If same as 2b - state same)**  
Same

**3c. Tel. No.**  
718-531-6084

**3d. Cell No.**  
917-418-7301

**3e. Fax No.**  
718-531-6677

**3f. E-Mail Address**  
joseph@thejpilcorp.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Contracting

**4b. Principal product or service**  
Tree planting

**5a. City and State where unit is located:**  
Brooklyn, NY

**5b. Description of Unit Involved**  
Included: All gardeners, growers, landscapers, landscape laborers transporters, tree pruners, tree removers, pipe installers & connectors, tree sprayers, turf installers, and groundsmen.

Excluded: All office clerical employees, professional employees, guards, and supervisors defined under the Act.

**6a. No. of Employees in Unit:**  
14

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 3/3/2020 and Employer declined recognition on or about 3/3/2020 (Date) (If no reply received, so state).

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**  
United Plant and Production Workers Local 175

**8b. Address**  
99 Mineola Ave, Roslyn Heights, NY 11577-1289

**8c. Tel No.**  
(516) 487-3110

**8d. Cell No.**

**8e. Fax No.**  
(516) 487-3144

**8f. E-Mail Address**  
mzunno@localunion175.com

**8g. Affiliation, if any**  
International Association of Machinists

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
June 30, 2019

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** no If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
March 24, 2020

**11c. Election Time(s):**  
3:30-5:15

**11d. Election Location(s):**  
Employers Facility

**12a. Full Name of Petitioner (including local name and number)**  
Laborers Local 731

**12b. Address (street and number, city, state, and ZIP code)**  
3411 35th Avenue, Astoria, NY 11106

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Laborers International Union of North America

**12d. Tel No.**  
718-706-0720

**12e. Cell No.**  
845-820-3010

**12f. Fax No.**  
718-706-9337

**12g. E-Mail Address**  
sdamato@nyslof.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Robert M. Cheverie, Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
333 East River Drive, Suite 101, East Hartford, CT 06108

**13c. Tel No.**  
860-290-9610

**13d. Cell No.**  
860-305-3261

**13e. Fax No.**  
860-290-9611

**13f. E-Mail Address**  
rcheverie@cheverielaw.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Robert Cheverie

**Signature**  


**Title**  
Attorney

**Date**  
3/3/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>29-RC-257831</b>	Date Filed <b>3-10-20</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
Planned Building Services, Inc. and Planned Lifestyle Services, Inc., part of and related to Planned Companies

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
500 Fourth Avenue, Brooklyn, NY 11215

**3a. Employer Representative - Name and Title**  
Robert Francis, President & CEO

**3b. Address (If same as 2b - state same)**  
150 Smith Road, Parsippany, NJ 07050

**3c. Tel. No.**  
973-739-0080 -- 212.324.9052

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
keith.allone@fsresidential.com -- spa

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Residential Building

**4b. Principal product or service**  
Building services

**5a. City and State where unit is located:**  
Brooklyn, NY

**5b. Description of Unit Involved**

Included: All building service workers

Excluded: statutory guards and supervisors

**6a. No. of Employees in Unit:**  
6

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**  
none

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** no If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
nearest wednesday

**11c. Election Time(s):**  
2:30pm-3:30pm

**11d. Election Location(s):**  
2nd Floor Common Room

**12a. Full Name of Petitioner (including local name and number)**  
SEIU Local 32BJ

**12b. Address (street and number, city, state, and ZIP code)**  
25 West 18th Street, New York, NY 10011

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
SEIU

**12d. Tel No.**  
212 388-3800

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Katchen Locke, Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
25 West 18th Street, New York, NY 10011

**13c. Tel No.**  
212 539 2941

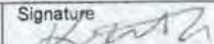
**13d. Cell No.**

**13e. Fax No.**  
212-388-2062

**13f. E-Mail Address**  
klocke@selu32bj.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Katchen Locke

**Signature**  


**Title**  
Attorney

**Date**  
3-10-20

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>29-RC-257999</b>	Date Filed <b>3/12/2020</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> New Visions Charter High School for the Humanities IV		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 100-00 Beach Channel Drive NY Rockaway Park 11694-	
<b>3a. Employer Representative - Name and Title</b> Joseph Posner		<b>3b. Address</b> (If same as 2b - state same) 205 East 42nd Street NY New York 10017-	
<b>3c. Tel. No.</b> (212) 645-5110	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jposner@newvisions.org
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Schools		<b>4b. Principal product or service</b> Education	
<b>5a. City and State where unit is located:</b> Rockaway Park, NY			
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details			<b>6a. No. of Employees in Unit:</b> 40 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a.</b> Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> <b>7b.</b> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.</b> (If none, so state)			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> March 20, 2020	<b>11c. Election Time(s):</b> 10:00 am to 1:30 pm	<b>11d. Election Location(s):</b> Room 331 at the Employer's facility at 100-00 Beach Channel Drive, Roc	
<b>12a. Full Name of Petitioner (including local name and number)</b> David Eisenstein United Federation of Teachers ("UFT")		<b>12b. Address (street and number, city, state, and ZIP code)</b> 52 Broadway 9th Floor NY New York 10004-	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) UFT, Local 2, AFT, AFL-CIO			
<b>12d. Tel No.</b> (212) 228-3382	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (212) 995-2347	<b>12g. E-Mail Address</b> deisenst@nysutmail.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> David Eisenstein Associate Counsel New York State United Teachers		<b>13b. Address (street and number, city, state, and ZIP code)</b> 52 Broadway 9th Floor NY New York 10004-	
<b>13c. Tel No.</b> (212) 228-3382	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (212) 995-2347	<b>13f. E-Mail Address</b> deisent@nysutmail.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> David Eisenstein	<b>Signature</b> David Eisenstein	<b>Title</b> Associate Counsel	<b>Date</b> 03/12/2020 14:28:39

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

All full-time and regular part-time Teachers, Teaching Assistants, Music Engineers, Counselors (including College and Career Counselors and Therapists), Social Workers, Operations Associates, Operations Assistants, Outreach Coordinators, School Associates, and Restorative Approaches Facilitators employed by the Employer at its facility located at 100-00 Beach Channel Drive, Rockaway Park, New York.

**Employees Excluded**

All managerial employees, supervisory employees and guards as defined by the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

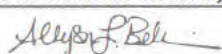
Case No.

29-RC-258178

Date Filed

3/19/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer: Children's Law Center		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 44 Court Street, 11th Floor Brooklyn, NY 11201	
3a. Employer Representative - Name and Title: Karen Simmons, Executive Director		3b. Address (if same as 2b - state same): same	
3c. Tel. No. (646) 493-5591	3d. Cell No.	3e. Fax No.	3f. E-Mail Address ksimmons@clcnny.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Non-Profit Organization		4b. Principal Product or Service Legal services	5a. City and State where unit is located: Brklyn, Qns, Staten Island & Bx, NY
5b. Description of Unit Involved: Included: See attached. Excluded:		6a. Number of Employees in Unit: 53  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 03/13/20 and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state) none		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 4/1/20	11c. Election Time(s): 1 pm-5pm	11d. Election Location(s) See attached.	
12a. Full Name of Petitioner (including local name and number): UAW Local 2325 - Association of Legal Aid Attorneys (AFL-CIO)		12b. Address (street and number, city, State and ZIP code): 50 Broadway, Suite 1600 NY, NY 10004-3817	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Auto Workers, AFL-CIO			
12d. Tel. No. (212) 343-0708	12e. Cell No.	12f. Fax No. (212) 343-0966	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Allyson L. Belovin, Attorney		13b. Address (street and number, city, State and ZIP code): Levy Ratner, P.C., 80 Eighth Avenue, 8th Floor New York, NY 10011	
13c. Tel. No. (212) 627-8100	13d. Cell No. (646) 326-9096	13e. Fax No. (212) 627-8182	13f. E-Mail Address abelovin@levyratner.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Allyson L. Belovin	Signature 	Title Attorney	Date 03/13/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



## **Attachment**

**5b. Included:** All full-time and regular part-time employees by the Employer including but not limited to, Staff Attorney, Client Services and Data Assistant 3, Client Services and Data Assistant 2, Paid Fellow, Social Worker, Paralegal, Senior Staff Attorney, Writing/Appellate Attorney, Senior Writing/Appellate Attorney, Accounts Payable, and Coordinating Advocate

**Excluded:** Client Services and Data Assistant 1, Co-Borough Director, Manager of Client Services and Operations, Social Worker Manager, Director of Appeals, Paralegal and Volunteer Services, Supervising Attorney, Deputy Director of Operations and Training, Executive Director, Director of Human Resources, Director of Social Work, Coordinator of Digital Initiatives, Executive Assistant, interns, confidential employees, supervisors and managerial employees

**11d.** 10th Fl. Conference Room at 44 Court St. and Conference Room at Bronx Location

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
29-RC-258544

Date Filed  
3/27/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> HOMYN ENTERPRISES, DBA SECURE WRAP		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 4050 NW 29TH STREET FL MIAMI 33142	
<b>3a. Employer Representative - Name and Title</b> NICHOLAS VALDESPINO		<b>3b. Address (If same as 2b - state same)</b> 4050 NW 29TH STREET FL MIAMI 33142	
<b>3c. Tel. No.</b> (305) 870-9720	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Retail (Specialty)		<b>4b. Principal product or service</b> LUGGAGE WRAPPING	
		<b>5a. City and State where unit is located:</b> Jamaica, NY	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 50
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> 4/17/2020
<b>11c. Election Time(s):</b> 0800
<b>11d. Election Location(s):</b> MAIL

**12a. Full Name of Petitioner (including local name and number)**  
COSMO LUBRANO  
AMALGAMATED LOCAL 298

**12b. Address (street and number, city, state, and ZIP code)**  
420 W Merrick rd  
NY valley stream 11580-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
AFL-CIO, INTERNATIONAL UNION OF ALLIED AND PRODUCTION WORKERS

<b>12d. Tel No.</b> (646) 345-6519	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> coslubrano@hotmail.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Bryan McCarthy Attorney BCM Associates		<b>13b. Address (street and number, city, state, and ZIP code)</b> 1454 Route 22 Suite B101 NY brewster 10509-	
<b>13c. Tel No.</b> (914) 588-4480	<b>13d. Cell No.</b> (914) 588-4480	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> bcm@bcmassociates.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> COSMO LUBRANO	<b>Signature</b> Cosmo Lubrano	<b>Title</b> BUSINESS AGENT	<b>Date</b> 03/27/2020 12:51:21
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE	
Case 29-RC-258544	Date Filed 3/27/2020

Employees Included

ALL SECURE WRAP OPERATORS AND LEADS ASIGNED TO JOHN F KENNEDY  
AIRPORT TERMINALS 1,4,5, AND 7.

Employees Excluded

all managers, professional employees and guards as defined by the act

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RM PETITION

DO NOT WRITE IN THIS SPACE

Case No.

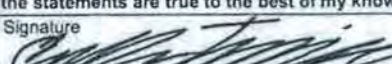
29-RM-257958

Date Filed

3/13/20

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer/Petitioner:</b> Polmost Food Corp., d/b/a Associated Supermarkets		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 802 Manhattan Avenue Brooklyn, NY 11222	
<b>3a. Employer/Petitioner Representative - Name and Title:</b> Carlos A. Torrejon, Employer's Legal Counsel		<b>3b. Address (if same as 2b - state same):</b> 49 Market Street, Morristown, NJ 07960-5122	
<b>3c. Tel. No.</b> 973-548-3312	<b>3d. Cell No.</b> 973-280-9029	<b>3e. Fax No.</b> 973-992-9125	<b>3f. E-Mail Address</b> Ctorrejon@foxrothschild.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Grocery Store		<b>4b. Principal Product or Service</b> Food and Produce	
<b>5a. Description of Unit Involved:</b> <b>Included:</b> All employees, within covered stores, including porters and front-end personnel <b>Excluded:</b> All guards, maintenance employees, office and clerical employees			<b>5b. City and State where unit is located:</b> Brooklyn, NY
<b>6. Number of Employees in Unit:</b> 34			
<b>Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable</b> <input type="checkbox"/> 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) _____ <input checked="" type="checkbox"/> 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.			
<b>8a. Name of Recognized or Certified Bargaining Agent - Name</b> Local 338, Retail, Wholesale and Department Store Union (RWDSU)			<b>8b. Affiliation, if any:</b> RWDSU/UFCW
<b>8c. Address:</b> 1505 Kellum Place Mineola, NY 11501-4811		<b>8d. Tel. No.</b> 516-294-1338	<b>8e. Cell No.</b>
		<b>8f. Fax No.</b>	<b>8g. E-Mail Address</b> MPaul@local338.org
<b>9. Date of Recognition or Certification</b> Since before 2016		<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> 09/30/2019	
<b>11. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? 0 (Name of Labor Organization) N/A, has picketed the Employer since (Month, Day, Year) N/A			
<b>12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)</b> N/A			
<b>12a. Name and affiliation if any</b>		<b>12b. Address</b>	<b>12c. Tel. No.</b>
			<b>12d. Cell No.</b>
		<b>12e. Fax No.</b>	<b>12f. E-Mail Address</b>
<b>13. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election:			<b>13a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>13b. Election Date(s):</b> March 18, 2020		<b>13c. Election Time(s):</b> 10 am - 1 pm and 3pm - 5 pm	
		<b>13d. Election Location(s):</b> Back Room	
<b>14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>14a. Name and Title:</b> Carlos A. Torrejon, Esq. Employer's Legal Counsel		<b>14b. Address (street and number, city, State and ZIP code):</b> 49 Market Street Morristown, NJ 07960-5122	
<b>14c. Tel. No.</b> 973-548-3312	<b>14d. Cell No.</b> 973-280-9029	<b>14e. Fax No.</b> 973-992-9125	<b>14f. E-Mail Address</b> Ctorrejon@foxrothschild.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Carlos A. Torrejon, Esq.		<b>Signature</b> 	<b>Title</b> Legal Counsel
			<b>Date</b> 3/12/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RM PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

31-RM-258277

Date Filed

3/23/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

**1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE** - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer/Petitioner:</b> Douglas Emmett Management, LLC/Douglas Emmett Management, Inc.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 120 N Broadway, Santa Monica, CA 90401; 201 Santa Monica Blvd., Santa Monica, CA 90401; 1333 2nd Street, Santa Monica, CA 90401; and 429 Santa Monica Blvd., Santa Monica, CA 90401
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<b>3a. Employer/Petitioner Representative - Name and Title:</b> Harrison Kuntz, Legal Counsel	<b>3b. Address (if same as 2b - state same):</b> Ogletree Deakins Nash Smoak & Stewart, PC 7700 Bonhomme Avenue, Suite 650, St. Louis, MO 63105
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<b>3c. Tel. No.</b> (314) 898-4074	<b>3d. Cell No.</b> (310) 597-1559	<b>3e. Fax No.</b> (314) 802-3936	<b>3f. E-Mail Address</b> harrison.kuntz@ogletree.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Building Maintenance	<b>4b. Principal Product or Service</b> Commercial and Residential Real Estate
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<b>5a. Description of Unit Involved:</b> <b>Included:</b> All full time, regular and part-time, temporary or extra maintenance engineers employed by the Employer at Douglas Emmett buildings: 120 N Broadway, Santa Monica, CA 90401; 201 Santa Monica Blvd., Santa Monica, CA 90401; 1333 2nd Street, Santa Monica, CA 90401; <b>Excluded:</b> All other Employees, janitorial, porters, office clerical, guards and supervisors defined in the Act, as amended.	<b>5b. City and State where unit is located:</b> Santa Monica, CA
	<b>6. Number of Employees in Unit:</b> 4

Unless a charge alleging a violation of Section 8(b)(7) is pending, check **EITHER** item 7a or 7b, whichever is applicable

☐ 7a. A labor organization made a demand for recognition on the Employer/Petitioner on (Date) \_\_\_\_\_  
☒ 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative.

<b>8a. Name of Recognized or Certified Bargaining Agent - Name</b> International Union of Operating Engineers, Local 501, AFL-CIO	<b>8b. Affiliation, if any:</b> AFL-CIO
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<b>8c. Address:</b> 2405 W. 3rd St., Los Angeles, CA 90057	<b>8d. Tel. No.</b> (213) 385-1561	<b>8e. Cell No.</b> (213) 220-7644
	<b>8f. Fax No.</b> (213) 385-7324	<b>8g. E-Mail Address</b> pmurphy@local501.org

<b>9. Date of Recognition or Certification</b> Certification in 31-RC-213147 - February 21, 2018	<b>10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> N/A
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<b>11. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No	<b>If so, approximately how many employees are participating?</b> N/A
<b>(Name of Labor Organization)</b> N/A	<b>, has picketed the Employer since (Month, Day, Year)</b> N/A

**12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state)**  
None

<b>12a. Name and affiliation if any</b> N/A	<b>12b. Address</b> N/A	<b>12c. Tel. No.</b> N/A	<b>12d. Cell No.</b> N/A
		<b>12e. Fax No.</b> N/A	<b>12f. E-Mail Address</b> N/A

<b>13. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: Manual is preferred; mail is acceptable due to current public health circumstances.	<b>13a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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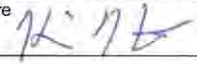
<b>13b. Election Date(s):</b> Thursday, April 9, 2020	<b>13c. Election Time(s):</b> 8:00 a.m. to 10:00 a.m.	<b>13d. Election Location(s):</b> Break Room at 429 Santa Monica Blvd., Santa Monica, CA 90401
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**14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>14a. Name and Title:</b> Harrison Kuntz, Legal Counsel	<b>14b. Address (street and number, city, State and ZIP code):</b> Ogletree Deakins Nash Smoak & Stewart, PC 7700 Bonhomme Avenue, Suite 650, St. Louis, MO 63105
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<b>14c. Tel. No.</b> (314) 898-4074	<b>14d. Cell No.</b> (310) 597-1559	<b>14e. Fax No.</b> (314) 802-3936	<b>14f. E-Mail Address</b> harrison.kuntz@ogletree.com
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Harrison Kuntz, Esq.	<b>Signature</b> 	<b>Title</b> Legal Counsel	<b>Date</b> 3/20/20
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

32-RC-257578

Date Filed

03/06/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Audio Visual Services Group, Inc. dba PSAV Presentation Services		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, City, State, ZIP code): See Attachment 1	
<b>3a. Employer Representative - Name and Title:</b> Jeff Hendricks, Regional Dir. of Venues		<b>3b. Address</b> (if same as 2b - state same): 16320 Arthur St, Cerritos CA 90703	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> <a href="mailto:jhendricks@psav.com">jhendricks@psav.com</a>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.): Services		<b>4b. Principal Product or Service</b> Venue and event management	
<b>5b. Description of Unit Involved:</b> Included: All full-time and regular part-time riggers, lead riggers, technicians, technical specialists, technical leads, and technical supervisors. Excluded: All other employees, including guards, office clericals, and supervisors under the Act.		<b>5a. City and State where unit is located:</b> Monterey, CA	
		<b>6a. Number of Employees in Unit:</b> 11	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) By petition and Employer declined recognition on or about (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state) None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

9. Is there now a strike or picketing at the Employer(s) establishment(s) involved? **No** If so, approximately how many employees are participating?  
(Name of Labor Organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Friday, March 20, 2020	<b>11c. Election Time(s):</b> 11:00 a.m. - 12:00 p.m.	<b>11d. Election Location(s):</b> Monterey Conference Center, 1 Portola Plaza, Monterey	

<b>12a. Full Name of Petitioner</b> (including local name and number): IATSE Local 611	<b>12b. Address</b> (street and number, city, State and ZIP code): 903 Pacific Ave #307c, Santa Cruz, CA 95060 PO BOX 7571, Santa Cruz, CA 95061
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
International Alliance of Theatrical Stage Employees & Moving Picture Machine Operators of the United States and Canada, AFL-CIO

<b>12d. Tel. No.</b> 831-458-0338	<b>12e. Cell No.</b> 831-704-6115	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> <a href="mailto:businessrep@iatse611.org">businessrep@iatse611.org</a>
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title:</b> David W. M. Fujimoto, Attorney	<b>13b. Address</b> (street and number, city, State and ZIP code): Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

<b>13c. Tel. No.</b> 510-337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 510-337-1023	<b>13f. E-Mail Address</b> <a href="mailto:NLRBnotices@unioncounsel.net">NLRBnotices@unioncounsel.net</a>
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> David W. M. Fujimoto	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 3/7/2020
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



**Attachment 1**

2b. Address(es) of Establishment(s) involved (*Street and number, City, State, ZIP code*):

Monterey Conference Center, 1 Portola Plaza, Monterey, CA 93940

Asilomar Hotel and Conference Grounds, 800 Asilomar Ave, Pacific Grove, CA 93950

InterContinental the Clement Monterey, 750 Cannery Row, Monterey, CA 93940

Hyatt Regency Monterey Hotel And Spa, 1 Old Golf Course Rd, Monterey, CA 93940





**ATTACHMENT TO RC PETITION****Item 5b. Description of Unit Involved:**

Petitioner Teamsters Local 350 currently represents a unit of clerical employees.

Petitioner seeks an Armour-Globe election for all unrepresented clerical employees employed by the Employer at its Milpitas facility, including billing coordinator, MRF maintenance clerk, operation clerk, accounting, and maintenance shop clerk.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
FIRST AMENDED RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
32-RC-258050Date Filed  
03/30/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Browning-Ferris Industries of California, Inc. & International Disposal Corp. of California	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1601 Dixon Landing Road Milpitas, CA 95035
<b>3a. Employer Representative - Name and Title:</b> Steven Wheelless, Attorney	<b>3b. Address (if same as 2b - state same):</b> Steptoe & Johnson, LLP 1330 Connecticut Avenue, NW, Washington, DC 20036

<b>3c. Tel. No.</b> (202) 429-6403	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> swheelless@steptoe.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Recyclery		<b>4b. Principal Product or Service</b> Waste and Recycling	<b>5a. City and State where unit is located:</b> Milpitas, CA
<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time operations clerks, accounts payable coordinators, billing processors and maintenance shop clerks employed by either Browning-Ferris Industries of California, Inc. or International Disposal Corp. of California at the facility located at 1601 Dixon Landing Road, Milpitas, CA <b>Excluded:</b> * Employees represented by a labor organization, confidential employees, guards, and supervisors as defined in the Act.			<b>6a. Number of Employees in Unit:</b> 6 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ by petition \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None.	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None.

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type:  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> To Be Determined	<b>11c. Election Time(s):</b> 10:00 a.m. to 10:30 a.m.	<b>11d. Election Location(s):</b> Employer's Premises
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<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Local 350 (Sanitary Truck Drivers and Helpers Union)	<b>12b. Address (street and number, city, State and ZIP code):</b> 295 89th Street, #304, Daly City, CA 94015
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
International Brotherhood of Teamsters

<b>12d. Tel. No.</b> (650) 757-7290	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (650) 757-7294	<b>12g. E-Mail Address</b> S.Arranaga@ibtlocal350.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>	
<b>13a. Name and Title:</b> Susan K. Garea, Attorney	<b>13b. Address (street and number, city, State and ZIP code):</b> 483 Ninth Street, Oakland, CA 94607

<b>13c. Tel. No.</b> (510) 625-9700	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (510) 625-8275	<b>13f. E-Mail Address</b> sgarea@beesontayer.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Susan K. Garea	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 03/30/20
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



**ATTACHMENT TO FIRST AMENDED RC PETITION (32-RC-258050)****Item 5b. Description of Unit Involved:**

All full-time and regular part-time operation clerks, accounts payable coordinators, billing processors and maintenance shop clerks employed by either Browning-Ferris Industries of California, Inc. or International Disposal Corp. of California at the facility located at 1601 Dixon Landing Road, Milpitas, CA; excluding employees represented by a labor organization, confidential employees, guards, and supervisors as defined in the Act.\*

\*This is an Armour-Globe election to join the existing Clerical unit at 1601 Dixon Landing Road, Milpitas, California.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

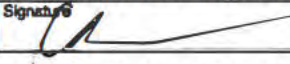
32-RC-258278

Date Filed

3/20/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Ryder		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3633 Duck Creek Drive, Stockton, CA 95215	
3a. Employer Representative - Name and Title: Carlton Brown Senior Maintenance Manager		3b. Address (if same as 2b - state same): Same as above	
3c. Tel. No. (209) 943-3213	3d. Cell No.	3e. Fax No.	3f. E-Mail Address carlton_brown@ryder.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Truck Rental and Repair		4b. Principal Product or Service Truck Rental and Repair	5a. City and State where unit is located: Stockton, CA
5b. Description of Unit Involved: Included: All full time/regular part time service technicians and fuelers. Excluded: All others		6a. Number of Employees in Unit: 33  6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 3/18/2020 and Employer declined recognition on or about (Date) 3/18/2020 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state)		8b. Address:	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): April 6, 2020	11c. Election Time(s):	11d. Election Location(s):	
12a. Full Name of Petitioner (including local name and number): Machinists Automotive Trades Local Lodge 2182		12b. Address (street and number, city, State and ZIP code): 967 Venture Court Sacramento, CA 95825-3906	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Machinists and Aerospace Workers			
12d. Tel. No. (925) 687-6421	12e. Cell No.	12f. Fax No. (925) 685-4116	(b) (6), (b) (7)(C)
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: Caren Sencer, attorney		13b. Address (street and number, city, State and ZIP code): Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel. No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address NLRBnotices@unioncounsel.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Caren P. Sencer		Signature 	Title Attorney
		Date 3/20/2020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.


32-RC-258444

Date Filed

03/26/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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<b>2a. Name of Employer:</b> Ryder		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 3633 Duck Creek Drive, Stockton, CA 95215	
<b>3a. Employer Representative - Name and Title:</b> Carlton Brown Senior Maintenance Manager		<b>3b. Address (if same as 2b - state same):</b> Same as above	
<b>3c. Tel. No.</b> (209) 943-3213	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> carlton_brown@ryder.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Truck Rental and Repair		<b>4b. Principal Product or Service</b> Truck Rental and Repair	
<b>5a. City and State where unit is located:</b> Stockton, CA		<b>5b. Description of Unit Involved:</b> Included: All full time/regular part time service technicians and fuelers. Excluded: All others	
<b>6a. Number of Employees in Unit:</b> 33		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 3/18/2020 and Employer declined recognition on or about (Date) 3/18/2020 (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b>		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)			
<b>10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 6b above. (If none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> April 6, 2020		<b>11c. Election Time(s):</b>	
<b>11d. Election Location(s):</b>			
<b>12a. Full Name of Petitioner (including local name and number):</b> Machinists Automotive Trades Local Lodge 2182		<b>12b. Address (street and number, city, State and ZIP code):</b> 967 Venture Court Sacramento, CA 95825-3906	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Association of Machinists and Aerospace Workers			
<b>12d. Tel. No.</b> (925) 687-6421	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (925) 685-4116	<b>12g. E-Mail Address</b> (b) (6), (b) (7)(C)
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Caren Sencer, attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
<b>13c. Tel. No.</b> (510) 337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (510) 337-1023	<b>13f. E-Mail Address</b> NLRBnotices@unioncounsel.net
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Caren P. Sencer		<b>Signature</b> 	<b>Title</b> Attorney
		<b>Date</b> 3/20/2020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

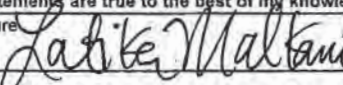
32-RC-258519

Date Filed

03/27/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> California Forensic Medical Group, Inc. (Wellpath)		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> See Attachment A	
<b>3a. Employer Representative - Name and Title:</b> Lisa L. Larranaga Health Services Administrator		<b>3b. Address (if same as 2b - state same):</b> California Forensic Medical Group, Inc. 3911 Sorrento Valley Blvd., Suite 130, San Diego, CA 92121	
<b>3c. Tel. No.</b> (209) 525-5667	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Lisa.Larranaga@Wellpath.us
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Detention Center (Healthcare Workers)		<b>4b. Principal Product or Service</b> Medical & behavioral health	<b>5a. City and State where unit is located:</b> Modesto, CA
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See Attachment A <b>Excluded:</b> See Attachment A		<b>6a. Number of Employees in Unit:</b> 98 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> National Union of Healthcare Workers (NUHW)		<b>8b. Address:</b> 1250 45th Street, Suite 200 Emeryville, CA 94608	
<b>8c. Tel. No.</b> (510) 834-2009	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> (510) 834-2019	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b> <b>10d. Cell No.</b> <b>10e. Fax No.</b> <b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> April 24, 2020		<b>11c. Election Time(s):</b> NA	<b>11d. Election Location(s):</b> NA
<b>12a. Full Name of Petitioner (including local name and number):</b> National Union of Healthcare Workers (NUHW)		<b>12b. Address (street and number, city, State and ZIP code):</b> 1250 45th Street, Suite 200 Emeryville, CA 94608	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> None			
<b>12d. Tel. No.</b> (510) 834-2009	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> (510) 834-2019	<b>12g. E-Mail Address</b> rdraper@nuhw.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Latika Malkani, Esq.		<b>13b. Address (street and number, city, State and ZIP code):</b> SIEGEL LEWITTER MALKANI 1939 Harrison Street, Suite 307, Oakland, CA 94612	
<b>13c. Tel. No.</b> (510) 452-5000	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (510) 452-5004	<b>13f. E-Mail Address</b> lmalkani@sl-employmentlaw.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Latika Malkani		<b>Signature</b> 	<b>Title</b> Counsel for NUHW <b>Date</b> 03/27/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.



## **Attachment A**

to RC Petition filed by National Union of Healthcare Workers (NUHW)

### **2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**

- 1) Men's Jail  
1115 H Street  
Modesto, CA 95354
- 2) Juvenile Hall  
2215 Blue Gum Ave.  
Modesto, CA 95358
- 3) REACT, Public Safety Center East/West and Units 1 & 2  
200 East Hackett Rd.  
Modesto, CA 95358

### **5b. Description of Unit Involved:** (*Sonotone* ballot requested.)

**Included:** All full-time, regular part-time and per diem professional and non-professional employees employed by the employer at or from the Men's Jail, Juvenile Hall and REACT, in the following job classifications:

**Professional:** Registered Nurse, Psychiatric Nurse, Nurse Practitioner, Family Nurse Practitioner, LMFT, MSW, MFT, LCSW

**Non-Professional:** Dental Hygienist, Dental Assistant, Clerk, Licensed Vocational Nurse, Medical Records Clerk

**Excluded:** All other employees, confidential employees, employees represented by other labor organizations, guards and supervisors as defined by the National Labor Relations Act.